

HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2013 OF THE CONDITION AND AFFAIRS OF THE

UnitedHealthcare of Arkansas, Inc.

| NAIC G | | NAIC Company Coo | le 95446 Employer's ID I | Number 63-1036819 |
|--|---|---|---|---|
| Organized under the Laws of | (Current) (Prior) Arkansas | | State of Domicile or Port of Entr | Y Arkansas |
| Country of Domicile | | United States o | f America | |
| Licensed as business type: | | Health Maintenance | Organization | |
| Is HMO Federally Qualified? Yes | [] No[X] | | | |
| Incorporated/Organized | 09/27/1990 | | Commenced Business | 04/01/1992 |
| Statutory Home Office | 1401 Capitol Ave. 3rd Floor, Ste 3 | 375 . | 100 | ttle Rock , AR, US 72205 |
| | (Street and Number) | | (City or To | wn, State, Country and Zip Code) |
| Main Administrative Office | 14 | 401 Capitol Ave. 3rd | | E THE THE THE THE THE THE THE THE THE TH |
| Littl | e Rock , AR, US 72205 | (Street and N | umber) | 501-664-7700 |
| (City or Tow | n, State, Country and Zip Code) | | (Area | Code) (Telephone Number) |
| Mail Address | 9700 Health Care Lane MN017-E900 (Street and Number or P.O. Box) | | | nnetonka , MN, US 55343 wn, State, Country and Zip Code) |
| Primary Location of Books and Re | | 700 Health Care La | | , |
| | | (Street and N | | APR 200 100 100 100 100 100 100 100 100 100 |
| | n, State, Country and Zip Code) | · · · | (Area | 952-979-6135 Code) (Telephone Number) |
| Internet Website Address | | www.uhc. | com | |
| Statutory Statement Contact | Curt J Engels | | | 952-979-6135 |
| 18-27-9-11-6-2-3-6-2-3-6-2-3-6-3-3-1-6- | (Name) | | | Area Code) (Telephone Number) |
| C | urt_engels@uhc.com (E-mail Address) | | | 952-979-7825 (FAX Number) |
| | | OFFICE | RS | |
| President, Chief Executive Officer | Gregory David Reidy | | Treasurer | Robert Worth Oberrender |
| Secretary | John Joseph Matthews | | Chief Financial Officer | |
| | | OTHE | | |
| Nyle Brent Cottington A | ssistant Treasurer Michel | le Marie Huntley Di | Assistant Secretary | Juanita Bolland Luis Assistant Secretary |
| Robert James F | | DIRECTORS OR Cheryl Ann | | Gregory David Reidy |
| Tioon cancer | | 0.10.71.71.11 | | |
| State of Tunesse | e State of | Florida | | State of |
| County of WILLIAMSOY | County of | -Lear | TAGE STATE OF THE | County of |
| exhibits, schedules and explanations that of the reporting period stated above Accounting Practices and Procedures practices and procedures, according to corresponding electronic filing with the | herein contained, annexed or referred to, is, and of its income and deductions therefr manual except to the extent that: (1) state to the best of their information, knowledge to NAIC, when required, that is an exact clieu of or in addition to the enclosed states of Officer | s a full and true statem om for the period end law may differ; or, (2 and belief, respective opy (except for formal | neut of all the assets and liabilities ed, and have been completed in ac o hat state rules or regulations required by Furthermore, the scope of this tring differences due to electronic atthews | stated, and that this statement, together with related and of the condition and affairs of the said reporting entity cordance with the NAIC Annual Statement Instructions an aire differences in reporting not related to accounting attestation by the described officers also includes the relate filing) of the enclosed statement. The electronic filing may Subscribed and sworn to before me this |
| Complexion lespies 3 | | day of Ap | a. Is this an original filing? | day of SeYes [X] No [] |
| STATE OF TENNESS NOTARY PUBLIC | | #EE 875022 | b. If no, 1. State the amendment numl 2. Date filed 3. Number of pages attached. | |

ASSETS

| | | | Current Statement Date |) | 4 |
|-------|--|-------------|-------------------------|---|--|
| | | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | December 31 Prior Year Net Admitted Assets |
| 1. | Bonds | 331, 155 | | 331, 155 | 334,089 |
| 2. | Stocks: | | | | · |
| | 2.1 Preferred stocks | | | 0 | 0 |
| | 2.2 Common stocks | | | 0 | 0 |
| 3. | Mortgage loans on real estate: | | | | |
| | 3.1 First liens | | | 0 | 0 |
| | | | | | 0 |
| 4. | Real estate: | | | | |
| | 4.1 Properties occupied by the company (less \$ | | | | |
| | encumbrances) | | | 0 | 0 |
| | 4.2 Properties held for the production of income (less | | | | |
| | \$encumbrances) | | | 0 | 0 |
| | 4.3 Properties held for sale (less \$ | | | | |
| | encumbrances) | | | 0 | 0 |
| - | , | | | | |
| 5. | Cash (\$12,799,597), cash equivalents | | | | |
| | (\$ | 10.050.101 | | 10.050.101 | 10, 100, 710 |
| | investments (\$259,524) | | | 13,059,121 | |
| | Contract loans (including \$ premium notes) | | | 0 | 0 |
| 7. | Derivatives | | | 0 | 0 |
| 8. | Other invested assets | | | | 0 |
| 9. | Receivables for securities | | | | 0 |
| 10. | Securities lending reinvested collateral assets | | | 0 | 0 |
| 11. | Aggregate write-ins for invested assets | | | 0 | 0 |
| 12. | Subtotals, cash and invested assets (Lines 1 to 11) | 13,390,276 | 0 | 13,390,276 | 12,532,799 |
| 13. | Title plants less \$ charged off (for Title insurers | | | | |
| | only) | | | 0 | 0 |
| 14. | Investment income due and accrued | 5 , 109 | | 5,109 | 1,753 |
| 15. | Premiums and considerations: | | | | |
| | 15.1 Uncollected premiums and agents' balances in the course of collection | 1,473,991 | 13,571 | 1,460,420 | 436,573 |
| | 15.2 Deferred premiums, agents' balances and installments booked but | | | | |
| | deferred and not yet due (including \$ | | | | |
| | earned but unbilled premiums) | | | 0 | 0 |
| | 15.3 Accrued retrospective premiums | | | 0 | 0 |
| 16. | Reinsurance: | | | | |
| | 16.1 Amounts recoverable from reinsurers | | | 0 | 0 |
| | 16.2 Funds held by or deposited with reinsured companies | | | 0 | 0 |
| | 16.3 Other amounts receivable under reinsurance contracts | | | 0 | 0 |
| 17. | Amounts receivable relating to uninsured plans | 850,574 | 20,874 | 829,700 | 1, 171, 632 |
| 18.1 | Current federal and foreign income tax recoverable and interest thereon | 588,863 | | 588,863 | 588,863 |
| 18.2 | Net deferred tax asset | 139,090 | | 139,090 | 106,433 |
| 19. | Guaranty funds receivable or on deposit | 9,846 | | 9,846 | 122,204 |
| 20. | Electronic data processing equipment and software | | | 0 | 0 |
| 21. | Furniture and equipment, including health care delivery assets | | | | |
| | (\$) | | | 0 | 0 |
| 22. | Net adjustment in assets and liabilities due to foreign exchange rates | | | | |
| 23. | Receivables from parent, subsidiaries and affiliates | | | | |
| 24. | Health care (\$539,690) and other amounts receivable | | | 539,690 | |
| 25. | Aggregate write-ins for other than invested assets | | | 8,733 | |
| 26. | Total assets excluding Separate Accounts, Segregated Accounts and | , ۱ کار | | | 0 |
| 20. | Protected Cell Accounts (Lines 12 to 25) | 17,274,156 | 302,429 | 16,971,727 | 15,551,530 |
| 27. | From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | 0 | 0 |
| 28. | Total (Lines 26 and 27) | 17,274,156 | 302,429 | 16,971,727 | 15,551,530 |
| | DETAILS OF WRITE-INS | | | | |
| 1101. | | | | | |
| 1102. | | | | | |
| 1102. | | | | | |
| 1198. | Summary of remaining write-ins for Line 11 from overflow page | | 0 | 0 | 0 |
| | Totals (Lines 1101 through 1103 plus 1198)(Line 11 above) | 0 | 0 | 0 | 0 |
| | Prepaid Premium Taxes | | | 8,733 | |
| | • | | | , | |
| | Prepaid Expenses | | | 0 | 0 |
| 2503. | Commence of constitution with its fact time OF from configuration | | 0 | | ^ |
| | Summary of remaining write-ins for Line 25 from overflow page | | 0 | | 0 |
| 2599. | Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) | 8,821 | 88 | 8,733 | 0 |

LIABILITIES, CAPITAL AND SURPLUS

| | | 1 | 2 | 3 | 4 |
|-------|---|---------|-----------|------------|------------|
| | | Covered | Uncovered | Total | Total |
| | Claims unpaid (less \$ reinsurance ceded) | | Uncovered | | 5,406,796 |
| 2. | Claims unpaid (less \$ reinsurance ceded) Accrued medical incentive pool and bonus amounts | | | , , | |
| | Unpaid claims adjustment expenses | | | · | 97,545 |
| | Aggregate health policy reserves, including the liability of | 110,437 | | 110,437 | |
| 4. | \$ | | | | |
| | Health Service Act | 622 212 | | 622 212 | 334,309 |
| 5. | Aggregate life policy reserves | | | 022,212 | 0 |
| | Property/casualty unearned premium reserve | | | 0 | 0 |
| | Aggregate health claim reserves | | | 18.344 | 17,842 |
| | Premiums received in advance | | | 68,502 | 89,229 |
| I | General expenses due or accrued | | | 27,428 | 268,265 |
| | | | | | 200,200 |
| | | 660 000 | | 662 002 | |
| | (including \$ | | | | 0 |
| | Net deferred tax liability | | | 0 | |
| | Ceded reinsurance premiums payable | | | 3,938 | 3,586 |
| | Amounts withheld or retained for the account of others | | | 0 | 0 |
| | Remittances and items not allocated | 16 | | 16 | 16 |
| | Borrowed money (including \$ current) and | | | | |
| | interest thereon \$ (including | | | | |
| | \$ current) | | | 0 | 0 |
| | Amounts due to parent, subsidiaries and affiliates | | | 14,582 | 333,538 |
| 16. | Derivatives | | | 0 | 0 |
| | Payable for securities | | | | 0 |
| | Payable for securities lending | | | 0 | 0 |
| 19. | Funds held under reinsurance treaties (with \$ | | | | |
| | authorized reinsurers, \$ unauthorized | | | _ | 1 |
| | reinsurers and \$ certified reinsurers) | | | 0 | 0 |
| 20. | Reinsurance in unauthorized and certified (\$ | | | | |
| | companies | | | | 0 |
| | Net adjustments in assets and liabilities due to foreign exchange rates | | | | 0 |
| | Liability for amounts held under uninsured plans | 31,969 | | 31,969 | 64,626 |
| | Aggregate write-ins for other liabilities (including \$ | | | | |
| | current) | | | 160 | 160 |
| I | Total liabilities (Lines 1 to 23) | | 0 | | 6,633,994 |
| | Aggregate write-ins for special surplus funds | | | 0 | 0 |
| | Common capital stock | | | | 100,000 |
| | Preferred capital stock | | | | I |
| 28. | Gross paid in and contributed surplus | XXX | XXX | 5,470,954 | 5,470,954 |
| 29. | Surplus notes | | | | |
| I | Aggregate write-ins for other than special surplus funds | | | | 0 |
| 31. | Unassigned funds (surplus) | XXX | XXX | 3,422,711 | 3,346,582 |
| 32. | Less treasury stock, at cost: | | | | |
| | 32.1 shares common (value included in Line 26 | | | | |
| | \$ | XXX | XXX | | |
| | 32.2 shares preferred (value included in Line 27 | | | | |
| | \$ | XXX | XXX | | |
| 33. | Total capital and surplus (Lines 25 to 31 minus Line 32) | XXX | XXX | 8,993,665 | 8,917,536 |
| 34. | Total liabilities, capital and surplus (Lines 24 and 33) | XXX | XXX | 16,971,727 | 15,551,530 |
| | DETAILS OF WRITE-INS | | | | |
| 2301. | Unclaimed property | 160 | | 160 | 160 |
| 2302. | | | | | · |
| 2303. | | | | | |
| 2398. | Summary of remaining write-ins for Line 23 from overflow page | 0 | 0 | 0 | 0 |
| | Totals (Lines 2301 through 2303 plus 2398)(Line 23 above) | 160 | 0 | 160 | 160 |
| | | XXX | XXX | | |
| | | | | | |
| 2503. | | | | | |
| 2598. | Summary of remaining write-ins for Line 25 from overflow page | | | _ | 0 |
| | Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) | XXX | XXX | 0 | 0 |
| | | | | | |
| | | | | | |
| 3003. | | | | | |
| | Summary of remaining write-ins for Line 30 from overflow page | | | | 0 |
| | Totals (Lines 3001 through 3003 plus 3098)(Line 30 above) | XXX | XXX | 0 | 0 |

STATEMENT OF REVENUE AND EXPENSES

| | | Current Year To Date | | Prior Year To Date | Prior Year Ended December 31 |
|------------|---|-------------------------|------------|---|---------------------------------|
| | | 1 Uncovered | 2 Total | 3 Total | 4 Total |
| 1. | Member Months | xxx | 18,376 | 17,250 | 69,410 |
| 2. | Net premium income (including \$ non-health | | | | |
| | premium income) | | | | |
| 3. | Change in unearned premium reserves and reserve for rate credits | | | | |
| 4. | Fee-for-service (net of \$ medical expenses) | | | | |
| 5. | Risk revenue | | | | |
| 6. | Aggregate write-ins for other health care related revenues | | | | |
| 7. | Aggregate write-ins for other non-health revenues | | | | |
| 8. | Total revenues (Lines 2 to 7) | XXX | 11,568,240 | 11,162,777 | 43,654,258 |
| | Hospital and Medical: | | 0.040.000 | 0.450.040 | 00 740 500 |
| 9. | Hospital/medical benefits | | | | |
| 10. | Other professional services | | | | |
| 11. 12. | Outside referrals | | | | |
| 13. | Prescription drugs | | | | 3 466 412 |
| 14. | Aggregate write-ins for other hospital and medical | | | 0 | |
| 15. | Incentive pool, withhold adjustments and bonus amounts | | | 2,602 | |
| 16. | Subtotal (Lines 9 to 15) | | | 7,686,530 | |
| 10. | Less: | | | | |
| 17. | Net reinsurance recoveries | | | | |
| 18. | Total hospital and medical (Lines 16 minus 17) | | | | |
| 19. | Non-health claims (net) | | | | |
| 20. | Claims adjustment expenses, including \$172,262 cost | | | | |
| | containment expenses | | 298,350 | 293,856 | 1,396,506 |
| 21. | General administrative expenses | | 814,752 | | 3,822,819 |
| 22. | Increase in reserves for life and accident and health contracts | | | | |
| | (including \$ increase in reserves for life only) | | | | 0 |
| 23. | Total underwriting deductions (Lines 18 through 22) | 0 | 11,358,076 | 8,866,758 | 38,482,999 |
| 24. | Net underwriting gain or (loss) (Lines 8 minus 23) | XXX | 210,164 | 2,296,019 | 5, 171, 259 |
| 25. | Net investment income earned | | 897 | 3,822 | 8,099 |
| 26. | Net realized capital gains (losses) less capital gains tax of \$ | | | | |
| 27. | Net investment gains (losses) (Lines 25 plus 26) | | | 3,822 | |
| 28. | Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 5,000 |
| | (amount charged off \$1,201)] | | (1,201) | | (6,224) |
| 29. | Aggregate write-ins for other income or expenses | | 0 | 0 | (25,000) |
| 30. | Net income or (loss) after capital gains tax and before all other federal | | | | (=0,000) |
| 00. | income taxes (Lines 24 plus 27 plus 28 plus 29) | XXX | 209,860 | 2,299,841 | 5 , 148 , 134 |
| 31. | Federal and foreign income taxes incurred | XXX | 73,082 | 1,015,485 | 1,800,135 |
| 32. | Net income (loss) (Lines 30 minus 31) | XXX | 136,778 | 1,284,356 | 3,347,999 |
| | DETAILS OF WRITE-INS | | | | |
| 0601. | | XXX | | | |
| 0602. | | XXX | | | |
| 0603. | | XXX | | | |
| 0698. | Summary of remaining write-ins for Line 6 from overflow page | XXX | 0 | 0 | 0 |
| 0699. | Totals (Lines 0601 through 0603 plus 0698)(Line 6 above) | XXX | 0 | 0 | 0 |
| 0701. | | xxx | | | |
| 0702. | | xxx | | | |
| 0703. | | xxx | | | |
| 0798. | Summary of remaining write-ins for Line 7 from overflow page | xxx | 0 | 0 | 0 |
| 0799. | Totals (Lines 0701 through 0703 plus 0798)(Line 7 above) | XXX | 0 | 0 | 0 |
| 1401. | | | | | |
| 1402. | | | | | |
| 1403 | | | | | |
| 1498. | Summary of remaining write-ins for Line 14 from overflow page | | | 0 | 0 |
| 1499. | Totals (Lines 1401 through 1403 plus 1498)(Line 14 above) | 0 | 0 | 0 | 0 |
| 2901. | Fines and Penalties | | | | (25,000) |
| 2902. | | | | | |
| 2903 | | | | | |
| 2998. | Summary of remaining write-ins for Line 29 from overflow page | | 0 | 0 | 0 |
| 2999. | Totals (Lines 2901 through 2903 plus 2998)(Line 29 above) | 0 | 0 | 0 | (25,000) |

STATEMENT OF REVENUE AND EXPENSES (Continued)

| | STATEMENT OF REVENUE AND EX | PENSES (| Continue | |
|-------|--|------------------------------|----------------------------|--------------------------------------|
| | | 1 Current Year to Date | 2 Prior Year to Date | 3 Prior Year Ended December 31 |
| | CAPITAL AND SURPLUS ACCOUNT | | | |
| 33. | Capital and surplus prior reporting year | 8,917,536 | 7,078,291 | 7,078,291 |
| 34. | Net income or (loss) from Line 32 | 136,778 | 1,284,356 | 3,347,999 |
| 35. | Change in valuation basis of aggregate policy and claim reserves | | | |
| 36. | Change in net unrealized capital gains (losses) less capital gains tax of \$ | | | |
| 37. | Change in net unrealized foreign exchange capital gain or (loss) | | | |
| 38. | Change in net deferred income tax | 32,657 | 183,497 | 42,487 |
| 39. | Change in nonadmitted assets | (93,306) | 16,105 | (151,241 |
| 40 | Change in unauthorized and certified reinsurance | 0 | 0 | 0 |
| 41. | Change in treasury stock | 0 | 0 | 0 |
| 42. | Change in surplus notes | 0 | 0 | 0 |
| 43. | Cumulative effect of changes in accounting principles. | - | | |
| 44. | Capital Changes: | | | |
| | 44.1 Paid in | 0 | 0 | 0 |
| | 44.2 Transferred from surplus (Stock Dividend) | 0 | 0 | 0 |
| | 44.3 Transferred to surplus | - | | |
| 45. | Surplus adjustments: | | | |
| | 45.1 Paid in | 0 | 0 | 0 |
| | 45.2 Transferred to capital (Stock Dividend) | - | | |
| | 45.3 Transferred from capital | - | | |
| 46. | Dividends to stockholders | | | (1,400,000 |
| 47. | Aggregate write-ins for gains or (losses) in surplus | 0 | 0 | 0 |
| 48. | Net change in capital & surplus (Lines 34 to 47) | | 1,483,958 | 1,839,245 |
| 49. | Capital and surplus end of reporting period (Line 33 plus 48) | 8,993,665 | 8,562,249 | 8,917,536 |
| | DETAILS OF WRITE-INS | | | |
| 4701. | | | | |
| 4702. | | | | |
| 4703. | | | | |
| 4798. | Summary of remaining write-ins for Line 47 from overflow page | 0 | 0 | 0 |
| 4799. | Totals (Lines 4701 through 4703 plus 4798)(Line 47 above) | 0 | 0 | 0 |

CASH FLOW

| | CASH FLOW | | | |
|-----|---|------------------------------|----------------------------|--------------------------------------|
| | | 1 Current Year To Date | 2 Prior Year To Date | 3 Prior Year Ended December 31 |
| | Cash from Operations | | | |
| 1. | Premiums collected net of reinsurance | 10,809,969 | 13,553,615 | 44,087,330 |
| 2. | Net investment income | 488 | 400 | 15,447 |
| 3. | Miscellaneous income | 0 | 0 | 0 |
| 4. | Total (Lines 1 to 3) | 10,810,457 | 13,554,015 | 44,102,777 |
| 5. | Benefit and loss related payments | 9,297,726 | 8,228,269 | 33,591,983 |
| 6. | Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | |
| 7. | Commissions, expenses paid and aggregate write-ins for deductions | 922,365 | 1,127,527 | 6,075,333 |
| 8. | Dividends paid to policyholders | | | |
| 9. | Federal and foreign income taxes paid (recovered) net of \$ tax on capital | | | |
| | gains (losses) | (589,000) | (1,017,000) | 1,372,333 |
| 10. | Total (Lines 5 through 9) | 9,631,091 | 8,338,796 | 41,039,649 |
| 11. | Net cash from operations (Line 4 minus Line 10) | 1,179,366 | 5,215,219 | 3,063,128 |
| | Cash from Investments | | | |
| 12. | Proceeds from investments sold, matured or repaid: | | | |
| | 12.1 Bonds | 0 | 0 | 300,000 |
| | 12.2 Stocks | 0 | 0 | 0 |
| | 12.3 Mortgage loans | | | 0 |
| | 12.4 Real estate | 0 | 0 | 0 |
| | 12.5 Other invested assets | 0 | 0 | 0 |
| | 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments | 0 | 0 | 0 |
| | 12.7 Miscellaneous proceeds | 0 | 0 | 0 |
| | 12.8 Total investment proceeds (Lines 12.1 to 12.7) | 0 | 0 | 300,000 |
| 13. | Cost of investments acquired (long-term only): | | | |
| | 13.1 Bonds | 0 | 0 | 341,859 |
| | 13.2 Stocks | 0 | 0 | 0 |
| | 13.3 Mortgage loans | | 0 | 0 |
| | 13.4 Real estate | 0 | 0 | 0 |
| | 13.5 Other invested assets | 0 | 0 | 0 |
| | 13.6 Miscellaneous applications | 0 | 0 | 0 |
| | 13.7 Total investments acquired (Lines 13.1 to 13.6) | 0 | 0 | 341,859 |
| 14. | Net increase (or decrease) in contract loans and premium notes | 0 | 0 | 0 |
| 15. | Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) | 0 | 0 | (41,859) |
| | Cash from Financing and Miscellaneous Sources | | | |
| 16. | Cash provided (applied): | | | |
| | 16.1 Surplus notes, capital notes | 0 | 0 | 0 |
| | 16.2 Capital and paid in surplus, less treasury stock | | 0 | 0 |
| | 16.3 Borrowed funds | | _ | 0 |
| | 16.4 Net deposits on deposit-type contracts and other insurance liabilities | 0 | 0 | 0 |
| | 16.5 Dividends to stockholders | | | 1,400,000 |
| | 16.6 Other cash provided (applied) | (318,955) | (569,884) | (118,848) |
| 17. | Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) | (318,955) | (569,884) | (1,518,848) |
| | DECONCILIATION OF CASH CASH EQUIVALENTS AND SHOOT TEDM INVESTMENTS | | | |
| 18. | RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS Net change in cash, cash, equivalents and short-term investments (Line 11, plus Lines 15 and 17) | 860,411 | 4,645,335 | 1,502,421 |
| 18. | Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) Cash, cash equivalents and short-term investments: | | | 1,302,421 |
| 13. | • | 12,198,710 | 10,696,289 | 10,696,289 |
| | 19.2 End of period (Line 18 plus Line 19.1) | 13,059,121 | 15,341,624 | 12,198,710 |

| Note: Supplemental disclosures of cash flow information for non-cash transactions: | | |
|--|--|--|
| | | |

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

| | 1 | Comprehe (Hospital & I | ensive Medical) | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|------------|---------------------------|--------------------|------------|--------|--------|--|-------------|-----------|-------|
| | | 2 | 3 | Medicare | Vision | Dental | Federal Employees Health Benefit | Title XVIII | Title XIX | |
| | Total | Individual | Group | Supplement | Only | Only | Plan | Medicare | Medicaid | Other |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | 5,796 | 3 | 1,878 | 0 | 0 | 0 | 0 | 3,915 | 0 | |
| 2. First Quarter | 6,126 | 3 | 1,959 | | | | | 4, 164 | | |
| Second Quarter | 0 | | | | | | | | | |
| 4. Third Quarter | 0 | | | | | | | | | |
| 5. Current Year | 0 | | | | | | | | | |
| 6. Current Year Member Months | 18,376 | 9 | 5,835 | | | | | 12,532 | | |
| Total Member Ambulatory Encounters for Period: | | | | | | | | | | |
| 7 Physician | 28,247 | 1 | 4,669 | | | | | 23,577 | | |
| 8. Non-Physician | 9,040 | 0 | 291 | | | | | 8,749 | | |
| 9. Total | 37,287 | 1 | 4,960 | 0 | 0 | 0 | 0 | 32,326 | 0 | |
| 10. Hospital Patient Days Incurred | 1,485 | 0 | 92 | | | | | 1,393 | | |
| 11. Number of Inpatient Admissions | 321 | 0 | 31 | | | | | 290 | | |
| 12. Health Premiums Written (a) | 11,867,976 | 4,843 | 2,332,580 | | | | | 9,530,553 | | |
| 13. Life Premiums Direct | 0 | | | | | | | | | |
| 14. Property/Casualty Premiums Written | 0 | | | | | | | | | |
| 15. Health Premiums Earned | 11,580,073 | 4,843 | 2,079,293 | | | | | 9,495,937 | | |
| 16. Property/Casualty Premiums Earned | 0 | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | 9,297,726 | 228 | 1,376,983 | | | | | 7,920,515 | | |
| 18. Amount Incurred for Provision of Health Care Services | 10,244,974 | 285 | 1,286,413 | | | | | 8,958,276 | | |

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

| Aging Analysis of U | npaid Claims | | | | | |
|--|--------------|---------------------------------------|--------------|---------------|---------------|-----------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Account | 1 - 30 Days | 31 - 60 Days | 61 - 90 Days | 91 - 120 Days | Over 120 Days | Total |
| Claims Unpaid (Reported) | | | | | | |
| | | | | | | |
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| | | | | | | |
| 0299999 Aggregate accounts not individually listed-uncovered | | | | | | 1 |
| 039999 Aggregate accounts not individually listed-covered | 1,547,122 | 336,805 | 31, 193 | 1,263 | 11,601 | 1,927,984 |
| 0499999 Subtotals | 1,547,122 | 336,805 | 31, 193 | 1,263 | 11,601 | 1,927,984 |
| 0599999 Unreported claims and other claim reserves | | · · · · · · · · · · · · · · · · · · · | , | | • | 4,460,087 |
| 0699999 Total amounts withheld | | | | | | . , |
| 0799999 Total claims unpaid | | | | | | 6,388,071 |
| 0899999 Accrued medical incentive pool and bonus amounts | | | | | | 22,301 |

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

| ANALYSIS OF CLAIMS UNPAID - | | | | | | |
|---|-----------------------|-----------------|------------------|-----------------|--------------------|-----------------|
| | Claims | ility | 5 | 6 | | |
| | Year to | | End of Curre | ent Quarter | | |
| | 1 | 2 | 3 | 4 | | |
| | | | _ | | | Estimated Claim |
| | On | _ | On | _ | . | Reserve and |
| | Claims Incurred Prior | On | Claims Unpaid On | | Claims Incurred in | Claim Liability |
| | to January 1 of | Claims Incurred | Dec. 31 | Claims Incurred | Prior Years | December 31 of |
| Line of Business | Current Year | During the Year | of Prior Year | During the Year | (Columns 1 + 3) | Prior Year |
| | | | | | | |
| Comprehensive (hospital and medical) | 306,771 | 1,070,439 | 21,227 | 398,276 | 327,998 | 456,227 |
| 1. Complehensive (nospital and medical) | | 1,070,439 | | | 527,996 | 450,221 |
| | | | | | | |
| 2. Medicare Supplement | | | | | 0 | 0 |
| | | | | | | |
| | | | | | | |
| 3. Dental Only | | | | | 0 | 0 |
| | | | | | | |
| 4. Vision Only | | | | | ٥ | 0 |
| 4. Vision Only | | | | | 0 | 0 |
| | | | | | | |
| 5. Federal Employees Health Benefits Plan | | | | | 0 | 0 |
| P VI | | | | | | |
| | | | | | | |
| 6. Title XVIII - Medicare | 3,377,887 | 4,525,023 | 775,092 | 5,211,821 | 4,152,979 | 4,968,411 |
| | | | | | | |
| 7 Title XIX - Medicaid | | | | | 0 | 0 |
| / Title AIA - Wedicald | | | | | | |
| | | | | | | |
| 8. Other health | | | | | 0 | 0 |
| | | | | | | |
| 0 H W 1444 M 14 D | 0.004.050 | F FOF 400 | 700 040 | E 040 007 | 4 400 077 | E 404 000 |
| 9. Health subtotal (Lines 1 to 8) | 3,684,658 | 5,595,462 | 796,319 | 5,610,097 | 4,480,977 | 5,424,638 |
| | | | | | | |
| 10. Healthcare receivables (a) | 288,955 | 384.974 | | 133.658 | 288,955 | 768,838 |
| 10. Hodistate teestraties (a) | 200,933 | | | 100,000 | | |
| | | | | | | |
| 11. Other non-health | | | | | 0 | 0 |
| | | | | | | |
| | 47.000 | | 40 000 | Г 400 | 04 400 | 40,000 |
| 12. Medical incentive pools and bonus amounts | 17,606 | | 16,832 | 5,469 | 34,438 | 18,082 |
| | | | | | | |
| 13. Totals (Lines 9-10+11+12) | 3,413,309 | 5,210,488 | 813, 151 | 5,481,908 | 4,226,460 | 4,673,882 |
| 10. 10(0) (2)10-11-12 | 0,410,000 | 0,210,700 | 010, 101 | 0,701,000 | 7,220,700 | 7,010,002 |

⁽a) Excludes \$ loans or advances to providers not yet expensed.

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Accounting Practices

The financial statements of UnitedHealthcare of Arkansas (the "Company") are presented on the basis of accounting practices prescribed or permitted by the Arkansas Insurance Department (the "Department").

The Department recognizes only statutory accounting practices, prescribed or permitted by the State of Arkansas, for determining and reporting the financial condition and results of operations of a health maintenance organization, for determining its solvency under Arkansas Insurance Law. The state prescribes the use of the National Association of Insurance Commissioners' ("NAIC") Accounting Practices and Procedures manual ("NAIC SAP") in effect for the accounting periods covered in the financial statement.

The Department has approved certain permitted accounting practices that differ from those found in the NAIC SAP. The Department has determined that the Company's investments in the investment pool administered by United Healthcare Services, Inc. (UHS) be considered as an investment in "one person" and is to be limited to no more than 5% of the Company's total admitted assets, pursuant to Arkansas Code Annotated (ACA) 23-63-805(1)(A), unless the commissioner authorizes the Company to exceed the statutory limit. The Company requested permission to exceed the statutory limit, and the Department has agreed to allow the Company to invest up to 20% of the Company's total admitted assets in the UHS investment pool. No investments exceeded the 20% statutory limit at March 31, 2013 and December 31, 2012, respectively, and accordingly, no nonadmitted assets are reflected in unassigned surplus in the statutory basis financial statements. Had the 5% limit per ACA 23-63-805(1)(A) been followed, total admitted assets and total capital and surplus would not have been impacted as of March 31, 2013 and December 31, 2012, respectively. A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed or permitted by the Department as of March 31, 2013 and December 31, 2012, is shown below (in thousands):

| | State of Domicile | March 31, 2013 | 2012 |
|---|----------------------|-------------------|----------|
| NET INCOME | | | |
| (1) Company state basis | Arkansas | \$ 137 | \$ 3,348 |
| (2) State Prescribed Practices that increase/(decrease) NAIC SAP: | | | |
| None | Arkansas | <u> </u> | |
| (3) State Permitted Practices that increase/(decrease) NAIC SAP: | | | |
| Not Applicable | Arkansas | | - |
| (4) NAIC SAP | Arkansas | \$ 137 | \$ 3,348 |
| SURPLUS | | | |
| (5) Company state basis | Arkansas | \$ 8,994 | \$ 8,918 |
| (6) State Prescribed Practices that increase/(decrease) NAIC SAP: | | | |
| None | Arkansas | | |
| (7) State Permitted Practices that increase/(decrease) NAIC SAP: | | | |
| Not Applicable | Arkansas | | |
| (8) NAIC SAP | Arkansas | \$ 8,994 | \$ 8,918 |

B. Use of Estimates in the Preparation of the Statutory Basis Financial Statements

No significant change.

C. Accounting Policy

No significant change.

2. ACCOUNTING CHANGES AND CORRECTION OF ERRORS

No significant change.

3. BUSINESS COMBINATIONS AND GOODWILL

A–D. No significant change.

4. DISCONTINUED OPERATIONS

(1–5) No significant change.

5. INVESTMENTS AND OTHER INVESTED ASSETS

A. Mortgage Loans, including Mezzanine Real Estate Loans

No significant change.

B. Debt restructuring

No significant change.

C. Reverse Mortgages

No significant change.

D. Loan-Backed Securities

No significant change.

E. Repurchase Agreements and/or Securities Lending Transactions

No significant change.

F. Real Estate

No significant change.

G. Investments in Low-Income Housing Tax Credits

No significant change.

6. JOINT VENTURES, PARTNERSHIPS, AND LIMITED LIABILITY COMPANIES

A–B. No significant change.

7. INVESTMENT INCOME

A–B. No significant change.

8. DERIVATIVE INSTRUMENTS

A-F. No significant change.

9. INCOME TAXES

A-G. No significant change

10. INFORMATION CONCERNING PARENT, SUBSIDIARIES, AND AFFILIATES

A-L. Material Related Party Transactions

No significant change.

11. DEBT

A–B. No significant change.

12. RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES, AND OTHER POSTRETIREMENT BENEFIT PLANS

A–F. No significant change.

13. CAPITAL AND SURPLUS, SHAREHOLDERS' DIVIDEND RESTRICTIONS, AND QUASI-REORGANIZATIONS

(1–13) No significant change.

14. CONTINGENCIES

A–E. No significant change.

15. LEASES

A-B. No significant change.

16. INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE-SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATIONS OF CREDIT RISK

(1-4) No significant change.

17. SALE, TRANSFER, AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES

A–C. No significant change.

18. GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED PLANS AND THE UNINSURED PORTION OF PARTIALLY INSURED PLANS

A–B. No significant change.

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract

The Medicare Part D program is a partially insured plan. The Company recorded a receivable of approximately \$813,000 and \$1,086,000 as of March 31, 2013 and December 31, 2012, respectively, for cost reimbursement under the Medicare Part D program for the catastrophic reinsurance and low-income member cost-sharing subsidies. The Company also recorded a receivable of approximately \$17,000 and \$86,000 and a payable of approximately \$32,000 and \$65,000 as of March 31, 2013 and December 31, 2012, respectively, for the Medicare Part D Coverage Gap Discount Program.

19. DIRECT PREMIUM WRITTEN/PRODUCED BY MANAGING GENERAL AGENTS/THIRD-PARTY ADMINISTRATORS

No significant change.

20. FAIR VALUE MEASUREMENT

The NAIC SAP defines fair value, establishes a framework for measuring fair value, and outlines the disclosure requirements related to fair value measurements. The fair value hierarchy is as follows:

Level 1 — Quoted (unadjusted) prices for identical assets in active markets.

Level 2 — Other observable inputs, either directly or indirectly, including:

- Quoted prices for similar assets in active markets
- Quoted prices for identical or similar assets in nonactive markets (few transactions, limited information, noncurrent prices, high variability over time, etc.)
- Inputs other than quoted prices that are observable for the asset (interest rates, yield curves, volatilities, default rates, etc.)
- Inputs that are derived principally from or corroborated by other observable market data

Level 3 — Unobservable inputs that cannot be corroborated by observable market data.

The estimated fair values of bonds and short-term investments (investments) are based on quoted market prices, where available. The Company obtains one price for each security primarily from a third-party pricing service ("pricing service"), which generally uses quoted prices or other observable inputs for the determination of fair value. The pricing service normally derives the security prices through recently reported trades for identical or similar securities, making adjustments through the reporting date based upon available observable market information. For securities not actively traded, the pricing service may use quoted market prices of comparable instruments or discounted cash flow analyses, incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include, but are not limited to, non-binding broker quotes, benchmark yields, credit spreads, default rates and prepayment speeds. As the Company is responsible for the determination of fair value, it performs quarterly analyses on the prices received from the pricing service to determine whether the prices are reasonable estimates of fair value. Specifically, the Company compares the prices received from the pricing service to prices reported by its custodian, its investment consultant and third-party investment advisors. Additionally, the Company compares changes in the reported market values and returns to relevant market indices to test the reasonableness of the reported prices. Based on the Company's internal price verification procedures and review of fair value methodology documentation provided by independent pricing services, the Company has not historically adjusted the prices obtained from the pricing service.

In instances in which the inputs used to measure fair value fall into different levels of the fair value hierarchy, the fair value measurement has been determined based on the lowest level input that is significant to the fair value measurement in its entirety. The Company's assessment of the significance of a particular item to the fair value measurement in its entirety requires judgment, including the consideration of inputs specific to the asset or liability.

A. Fair Value

(1) Fair Value Measurements at Reporting Date

The Company has does not have any financial assets that are measured and reported at fair value on the statutory basis statements of admitted assets, liabilities, and capital and surplus at March 31, 2013 and December 31, 2012.

(2) The Company does not have any financial assets with a fair value hierarchy of level 3.

B. Fair Value Combination — Not applicable

C. The aggregate fair value by hierarchy of all financial instruments as of March 31, 2013 and December 31, 2012, is presented in the table below (in thousands):

| | March 31, 2013 | | | | | | | | | | | |
|-------------------------------|-------------------------|---------------------|--------------------|-----------------|-----------|---------|-----------|---------|-----------|---------|----|------------------------------------|
| Types of Financial Investment | Aggregate Fair Value | | Admitted Assets | | (Level 1) | | (Level 2) | | (Level 3) | | Ca | Not actical arrying /alue |
| Bonds | \$ | 592 | \$ | 591 | \$ | 592 | \$ | - | \$ | - | \$ | - |
| Common stock | | - | | - | | - | | - | | - | | - |
| Perpetual preferred stock | | - | | - | | - | | - | | - | | - |
| Mortgage loans | | - | | - | | - | | - | | - | | - |
| | | | | | | 2 | 012 | | | | | |
| Types of Financial Investment | | gregate ir Value | | mitted ssets | (L | evel 1) | (L | evel 2) | (L | evel 3) | Ca | Not actical arrying Value |
| Bonds | \$ | 969 | \$ | 968 | \$ | 969 | \$ | _ | \$ | _ | \$ | _ |
| Common stock | | - | | - | | - | | - | | - | | - |
| Perpetual preferred stock | | - | | - | | - | | - | | - | | - |
| Mortgage loans | | - | | - | | - | | - | | - | | - |
| | | | | | | | | | | | | |

Included as Level 1 in bonds in the fair value hierarchy table above is money market instruments of \$260,000 and \$634,000 as of March 31, 2013 and December 31, 2012, respectively. Money market instruments are reflected in cash and short-term investments in the statutory basis statements of admitted assets, liabilities, and capital and surplus.

D. Not Practicable to Estimate Fair Value — Not applicable

21. OTHER ITEMS

A-H. No significant change.

22. EVENTS SUBSEQUENT

No significant change.

23. REINSURANCE

A–C. No significant change.

24. RETROSPECTIVELY RATED CONTRACTS AND CONTRACTS SUBJECT TO REDETERMINATION

- **A-B.** No significant change.
- C. The Company has Medicare Part D program business which is subject to a retrospective rating feature related to Part D Premiums. The Company has estimated accrued retrospective premiums related to certain Part D premiums based on guidelines determined by CMS. The formula is tiered and based on the bid medical loss ratio. The amount of Part D earned premiums subject to retrospective rating was approximately \$702,000 and \$2,117,000 representing 5.9% and 4.8% of total net premium income as of March 31, 2013 and December 31, 2012, respectively.
- **D.** The Company is required to maintain specific minimum loss ratios. These minimum loss ratios apply to comprehensive major medical coverage and vary depending on group size. The following table discloses the minimum medical loss ratio rebates required pursuant to the Health Reform Legislation for the three months ended March 31, 2013 and the year ended December 31, 2012 (in thousands):

| | Indi | 1 ividual | | 2 Small Group mployer | E | 3 Large Group Employer | 4 Other Categories th Rebates | 5 Total |
|---|----------|--------------|------|--------------------------------|--------|---------------------------------|--|------------|
| Prior reporting year: | | | | | | | | |
| (1) Medical loss ratio rebates incurred | \$ | - | \$ | 143 | \$ | 179 | \$ - | \$ 322 |
| (2) Medical loss ratio rebates paid | | - | | - | | (46) | - | (46) |
| (3) Medical loss rebates unpaid | | - | | 143 | | 169 | - | 312 |
| (4) Plus reinsurance assumed amounts | 7 | ΧXX | | XXX | | XXX | XXX | - |
| (5) Less reinsurance ceded amounts | 7 | ΧXX | XX X | | XXX XX | | XXX | - |
| (6) Rebates unpaid net of reinsurance | 7 | XXX | | XXX | | XXX | XXX | \$ 312 |
| Current reporting year-to-date: | | | | | | | | |
| (7) Medical loss ratio rebates incurred | \$ | - | \$ | 77 | \$ | 176 | \$ - | \$ 253 |
| (8) Medical loss ratio rebates paid | | - | | - | | - | - | - |
| (9) Medical loss rebates unpaid | | - | | 220 | | 345 | - | 565 |
| (10) Plus reinsurance assumed amounts | 7 | XXX | | XXX | | XXX | XXX | - |
| (11) Less reinsurance ceded amounts | <u>y</u> | XXX | | XXX | | XXX | XXX | - |
| (12) Rebates unpaid net of reinsurance | 2 | XXX | | XXX | | XXX | XXX | \$ 565 |

25. CHANGE IN INCURRED CLAIMS AND CLAIMS ADJUSTMENT EXPENSES

Changes in estimates related to the prior year incurred claims are included in total hospital and medical expenses in the current year in the accompanying statutory basis statements of operations. The following tables disclose paid claims, incurred claims, and the balance in the claims unpaid, accrued medical incentive pool and bonus amounts, aggregate health claim reserves and health care receivables at March 31, 2013 and December 31, 2012 (in thousands):

| | March 31, 2013 | | | | | | | |
|--|------------------------------------|-----------------------------------|-------------------------------|--|--|--|--|--|
| | Current Year Incurred Claims | Prior Years Incurred Claims | Total | | | | | |
| Beginning of year claim reserve Paid claims, net of health care receivables End of year claim reserve Incurred claims excluding the change in health care receivables Beginning of year health care receivables End of year health care receivables Total incurred claims Beginning of year claim reserve Paid claims, net of health care receivables End of year claim reserve | \$ - 5,596 5,616 | \$ (5,443) 3,702 813 | \$ (5,443) 9,298 6,429 | | | | | |
| Incurred claims excluding the change in health care receivables | 11,212 | (928) | 10,284 | | | | | |
| | (519) | 769 (289) | 769 (808) | | | | | |
| Total incurred claims | \$ 10,693 | \$ (448) | \$ 10,245 | | | | | |
| | | 2012 | | | | | | |
| | Current Year Incurred Claims | Prior Years Incurred Claims | Total | | | | | |
| Paid claims, net of health care receivables | \$ - 30,888 5,399 | \$ (5,385) 2,704 44 | \$ (5,385) 33,592 5,443 | | | | | |
| Incurred claims excluding the change in health care receivables | 36,287 | (2,637) | 33,650 | | | | | |
| Beginning of year health care receivables End of year health care receivables | (767) | 383 (2) | 383 (769) | | | | | |
| Total incurred claims | \$ 35,520 | \$ (2,256) | \$ 33,264 | | | | | |

The liability for claims unpaid, accrued medical incentive pool and bonus amounts, aggregate health claim reserves and health care receivables as of December 31, 2012 were approximately \$4,674,000. As of March 31, 2013, approximately \$3,702,000 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years are now approximately \$524,000 as a result of reestimation of unpaid claims. Therefore, there has been approximately \$448,000 favorable prior year development since December 31, 2012 to March 31, 2013. The primary drivers consist of favorable development as a result of a change in the provision for adverse deviations in experience of approximately \$417,000 and favorable development of approximately \$72,000 in retroactivity for inpatient, outpatient, physician, and pharmacy claims. At December 31, 2012, the Company recorded approximately \$2,256,000 of favorable development related to insured events of prior years primarily as a result of ongoing analysis of loss development trends and changes to the provider settlement reserves. Original estimates are increased or decreased, as additional information becomes known regarding individual claims. The favorable development also impacts the original estimates and calculations for retrospectively rated policies, including the medical loss ratio rebate accrual. As a result of the prior year effects, on a regular basis, the Company adjusts revenue and the corresponding liability and/or receivable related to retrospectively rated policies, including the medical loss ratio rebate accrual and the impact of the change is included as a component of change in unearned premium reserves and reserve for rate credits in the statutory basis statements of operations.

The Company incurred claims adjustment expenses of approximately \$298,000 and \$1,397,000 for the three months ended March 31, 2013 and the year ended December 31, 2012, respectively. These costs are included in the management service fees paid by the Company to UHS as a part of its management agreement. The following tables disclose paid CAE, incurred CAE, and the balance in the unpaid claim adjustment expenses reserve for the three months ended March 31, 2013 and the year ended December 31, 2012 (in thousands):

| Less current year unpaid claims adjustment expenses Add prior year unpaid claims adjustment expenses | Marc | 2012 | | |
|--|------|--------------------|----------------------------|--|
| Total claims adjustment expenses incurred Less current year unpaid claims adjustment expenses Add prior year unpaid claims adjustment expenses | \$ | 298 (118) 98 | \$ 1,397 (98) 101 | |
| Total claims adjustment expenses paid | \$ | 278 | \$ 1,400 | |

26. INTERCOMPANY POOLING ARRANGEMENTS

A-G. No significant change.

27. STRUCTURED SETTLEMENTS

A–B. No significant change.

28. HEALTH CARE AND OTHER AMOUNTS RECEIVABLES

A. Pharmaceutical rebates receivable are recorded when reasonably estimated or billed by the affiliated pharmaceutical benefit manager in accordance with pharmaceutical rebate contract provisions. Information used to support rebates billed to the manufacturer is based on utilization information gathered by the pharmaceutical benefit manager and adjusted for significant changes in pharmaceutical contract provisions. The Company has excluded receivables that do not meet the admissibility criteria from the statutory basis statements of admitted assets, liabilities, and capital and surplus.

For pharmacy rebates that meet the admissibility criteria, the collection history of pharmacy rebates is summarized as (in thousands):

| Quarter | Pha Rek Rep Fir | timated armacy pates as orted on nancial tements | Pharmacy Rebates as Billed or Otherwise Confirmed | | Re Re Wi D | Actual ebates eceived ithin 90 ays of Billing | Re Re Witl 180 | Actual ebates eceived hin 91 to Days of Billing | Actual Reba Received M Than 180 Da After Billin | |
|------------|--------------------------|---|---|-----|---------------------|--|-------------------------|--|--|---|
| 3/1/2013 | \$ | 385 | \$ | - | \$ | - | \$ | - | \$ | - |
| 12/31/2012 | | 371 | | 361 | | 219 | | _ | | - |
| 9/30/2012 | | 338 | | 341 | | 303 | | 31 | | - |
| 6/30/2012 | | 330 | | 327 | | 283 | | 36 | | 3 |
| 3/31/2012 | | 302 | | 300 | | 267 | | 28 | | 3 |
| 12/31/2011 | | 247 | | 251 | | 220 | | 29 | | 2 |
| 9/30/2011 | | 249 | | 246 | | 219 | | 24 | | 3 |
| 6/30/2011 | | 236 | | 226 | | 198 | | 26 | | 1 |
| 3/31/2011 | | 219 | | 212 | | 188 | | 22 | | 3 |
| 12/31/2010 | | 115 | | 125 | | 95 | | 26 | | 1 |
| 9/30/2010 | | 108 | | 113 | | 84 | | 31 | | 1 |
| 6/30/2010 | | 105 | | 105 | | 71 | | 32 | | 1 |
| | | | | | | | | | | |

Of the amount reported as health care and other amounts receivables, approximately \$330,000 and \$478,000 relates to pharmaceutical rebate receivables as of March 31, 2013 and December 31, 2012, respectively. This decrease is primarily due to decreased membership along with the change in generic/name brand mix.

B. No significant change.

The Company also admitted approximately \$210,000 and \$113,000 for claim overpayments as of March 31, 2013 and December 31, 2012, respectively. Claim overpayments are included in health care receivables in the statutory basis statement of admitted assets, liabilities, and capital and surplus.

29. PARTICIPATING POLICIES

No significant change.

30. PREMIUM DEFICIENCY RESERVES

No significant change.

31. ANTICIPATED SALVAGE AND SUBROGATION

No significant change.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

| 1.1 | Did the reporting entity experience any material transactions requiring Domicile, as required by the Model Act? | the filing of Disclosure of Material Tran | sactions with the State of | Yes [] No | [X] | | | | | | | | |
|-----|--|--|----------------------------------|--------------|-------|--|--|--|--|--|--|--|--|
| 1.2 | If yes, has the report been filed with the domiciliary state? | | | Yes [] No | [] | | | | | | | | |
| 2.1 | Has any change been made during the year of this statement in the creporting entity? | | | Yes [] No | [X] | | | | | | | | |
| 2.2 | If yes, date of change: | | <u>-</u> | | | | | | | | | | |
| 3.1 | Have there been any substantial changes in the organizational chart | since the prior quarter end? | | Yes [X] No | [] | | | | | | | | |
| 3.2 | If the response to 3.1 is yes, provide a brief description of those chan January 17, 2013: Hickory Acquisition Subsidiary, Inc., merged into lowned subsidiary of United HealthCare Services, Inc. | • | iving the merger as a wholly | | | | | | | | | | |
| | January 31, 2013: UnitedHealthcare of South Carolina, Inc. was sold | l. | | | | | | | | | | | |
| | February 8, 2013: Physicians Health Choice of Arkansas, Inc. was d | issolved. | | | | | | | | | | | |
| | February 25, 2013: Exlogs EBT Holdings Limited was struck off. | | | | | | | | | | | | |
| 4.1 | March 1, 2013: AMIL International S.á.r.I. acquired a 100% ownersh Hospitais Privados de Portugal, SGPS, S.A. is the sole shareholder Algarve, S.A.; HPP Saúde - Parcerias Cascais, S.A.; Carlton Life - Has the reporting entity been a party to a merger or consolidation du | of the following entities: HPP Boavista, Residências e Serviços S.A. | S.A.; HPP Lusiadas, S.A.; HPP | Yes [] No | [X] | | | | | | | | |
| 4.2 | If yes, provide the name of the entity, NAIC Company Code, and state ceased to exist as a result of the merger or consolidation. | e of domicile (use two letter state abbrev | viation) for any entity that has | | | | | | | | | | |
| | 1 Name of Entity | 2 NAIC Company Code | 3 State of Domicile | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 5. | If the reporting entity is subject to a management agreement, including in-fact, or similar agreement, have there been any significant changer of the significant changes of the signif | | |] No [X] | N/A [| | | | | | | | |
| 6.1 | State as of what date the latest financial examination of the reporting entity was made or is being made. | | | | | | | | | | | | |
| 6.2 | State the as of date that the latest financial examination report becardate should be the date of the examined balance sheet and not the | | | 12/31/200 |)8 | | | | | | | | |
| 6.3 | State as of what date the latest financial examination report became the reporting entity. This is the release date or completion date of the date). | e examination report and not the date of | f the examination (balance sheet | 04/30/201 | 10 | | | | | | | | |
| 6.4 | By what department or departments? | | | | | | | | | | | | |
| 6.5 | Arkansas Insurance Department Have all financial statement adjustments within the latest financial ex statement filed with Departments? | | | X] No [] | N/A [| | | | | | | | |
| 6.6 | Have all of the recommendations within the latest financial examinati | on report been complied with? | Yes [| X] No [] | N/A [| | | | | | | | |
| 7.1 | Has this reporting entity had any Certificates of Authority, licenses or revoked by any governmental entity during the reporting period? | | | Yes [] No | [X] | | | | | | | | |
| 7.2 | If yes, give full information: | | | | | | | | | | | | |
| 8.1 | Is the company a subsidiary of a bank holding company regulated by | the Federal Reserve Board? | | Yes [] No | [X] | | | | | | | | |
| 8.2 | If response to 8.1 is yes, please identify the name of the bank holding | g company. | | | | | | | | | | | |
| 8.3 | Is the company affiliated with one or more banks, thrifts or securities | firms? | | Yes [X] No | [] | | | | | | | | |
| 8.4 | If response to 8.3 is yes, please provide below the names and locatic regulatory services agency [i.e. the Federal Reserve Board (FRB), t Insurance Corporation (FDIC) and the Securities Exchange Commission | he Office of the Comptroller of the Curre | ency (OCC), the Federal Deposit | | | | | | | | | | |
| | 1 Affiliata Nama | 2 Location (City, State) | 3 4 5 FRB OCC FDI | 6 C SEC | | | | | | | | | |
| | Affiliate Name OptumHealth Bank, Inc | Salt Lake City, Utah | | | | | | | | | | | |

| 1 | 2 | 3 | 4 | 5 | О |
|------------------------|------------------------|-----|-----|------|-----|
| Affiliate Name | Location (City, State) | FRB | OCC | FDIC | SEC |
| OptumHealth Bank, Inc. | Salt Lake City, Utah | NO | NO | YES | NO |
| | | | 1 | | |
| | | | | | |

GENERAL INTERROGATORIES

| 9.1 | Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controll similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between p relationships; (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the report (c) Compliance with applicable governmental laws, rules and regulations; (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and | ersonal and professional | Yes [X] No [] |
|--------------|---|--|---|
| 9.11 | (e) Accountability for adherence to the code. If the response to 9.1 is No, please explain: | | |
| 9.2 9.21 | Has the code of ethics for senior managers been amended? | | Yes [] No [X] |
| 9.3 9.31 | Have any provisions of the code of ethics been waived for any of the specified officers? | | Yes [] No [X] |
| | FINANCIAL | | |
| 10.1 10.2 | Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement from parent included in the Page 2 amount: | | |
| | INVESTMENT | | |
| 11.1 11.2 | Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or ouse by another person? (Exclude securities under securities lending agreements.) If yes, give full and complete information relating thereto: | | Yes [] No [X] |
| 12. | Amount of real estate and mortgages held in other invested assets in Schedule BA: | \$ | |
| 13. | Amount of real estate and mortgages held in short-term investments: | | |
| 14.1 | Does the reporting entity have any investments in parent, subsidiaries and affiliates? | | Yes [] No [X] |
| 14.2 | If yes, please complete the following: | | |
| | | 1 Prior Year-End Book/Adjusted Carrying Value | 2 Current Quarter Book/Adjusted Carrying Value |
| | Bonds | | \$ |
| | Preferred Stock | | \$ |
| | Common Stock | | \$ |
| | Short-Term Investments | | \$ \$ |
| | All Other | | \$ |
| | Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) | | \$0 |
| | Total Investment in Parent included in Lines 14.21 to 14.26 above | | \$ |
| 15.1 15.2 | Has the reporting entity entered into any hedging transactions reported on Schedule DB? | | |

GENERAL INTERROGATORIES

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

18.2 If no, list exceptions:

| | 16.2 Total book adjuste | ed/carrying value of reinvested colla | teral assets reported on Sch | nd 2 | 0 |
|--------------|---|---|---|--|------------------|
| 17. 17.1 | Excluding items in Schedule E - Part 3 - offices, vaults or safety deposit boxes, custodial agreement with a qualified be Outsourcing of Critical Functions, Cust For all agreements that comply with the | were all stocks, bonds and other seank or trust company in accordance todial or Safekeeping Agreements of | ecurities, owned throughout the with Section 1, III - General of the NAIC Financial Condition | he current year held pursuant to a Examination Considerations, F. on Examiners Handbook? | Yes [X] No [] |
| | 1 | 1(2 | | 2 | |
| | Name of Cust | | | Custodian Address 60675 | |
| | Northern must | · | ou o. Labatte, Ullicago, IL | 00075 | |
| 17.2 | For all agreements that do not comply w location and a complete explanation: | | nancial Condition Examiners | | |
| | 1 Name(s) | 2 Location(s) | C | 3 omplete Explanation(s) | |
| | Name(s) | Location(s) | - Ci | ompiete Explanation(s) | |
| 17.3 17.4 | Have there been any changes, including If yes, give full information relating there | current quarter? | Yes [] No [X] | | |
| | 1 | 2 | 3 | 4 | |
| | Old Custodian | New Custodian | Date of Change | Reason | |
| 17.5 | Identify all investment advisors, brokers, handle securities and have authority to | | | ve access to the investment accounts, | <u></u> |
| | 1 | 2 | | 3 | |
| | Central Registration Depository | Name(s) | | Address | |
| 10 1 | Have all the filing requirements of the P | urnages and Procedures Manual of | the NAIC Securities Valuation | on Office been followed? | Van [V] Na [] |
| 10.1 | nave an the ming requirements of the F | uiposes anu Frocedures Manual Or | THE TYAIC SECURITIES VARIABLE | OIL OILIGE DECIT IOIIOMEGT; | Yes [X] No [] |

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:

| | 1.1 A&H loss percent | 90.3 % |
|-----|---|----------------------|
| | 1.2 A&H cost containment percent | 1.5 % |
| | 1.3 A&H expense percent excluding cost containment expenses | 8.2 9 |
| 2.1 | Do you act as a custodian for health savings accounts? | Yes [] No [X] |
| 2.2 | If yes, please provide the amount of custodial funds held as of the reporting date | \$ |
| 2.3 | Do you act as an administrator for health savings accounts? | Yes [] No [X] |
| 2.4 | If yes, please provide the balance of the funds administered as of the reporting date | \$ |

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

| 1 NAIC | 2 | 3 | Snowing All New Reinsurance Treaties 4 | 5 | 6 7 Type of Is Insurer |
|-----------------|---------------------------------------|-------------------|--|---------------------------------------|---|
| NAIC | _ | - | | | Type of Is Insurer |
| Compony | Endoral | Effoctivo | | | Poincurance Authorized? |
| Company Code | Federal ID Number | Effective Date | Name of Deinastra | Dennisilian, Indediction | Reinsurance Authorized? Ceded (Yes or No) |
| Code | ID Number | Date | Name of Reinsurer | Domiciliary Jurisdiction | Ceded (Yes or No) |
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SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

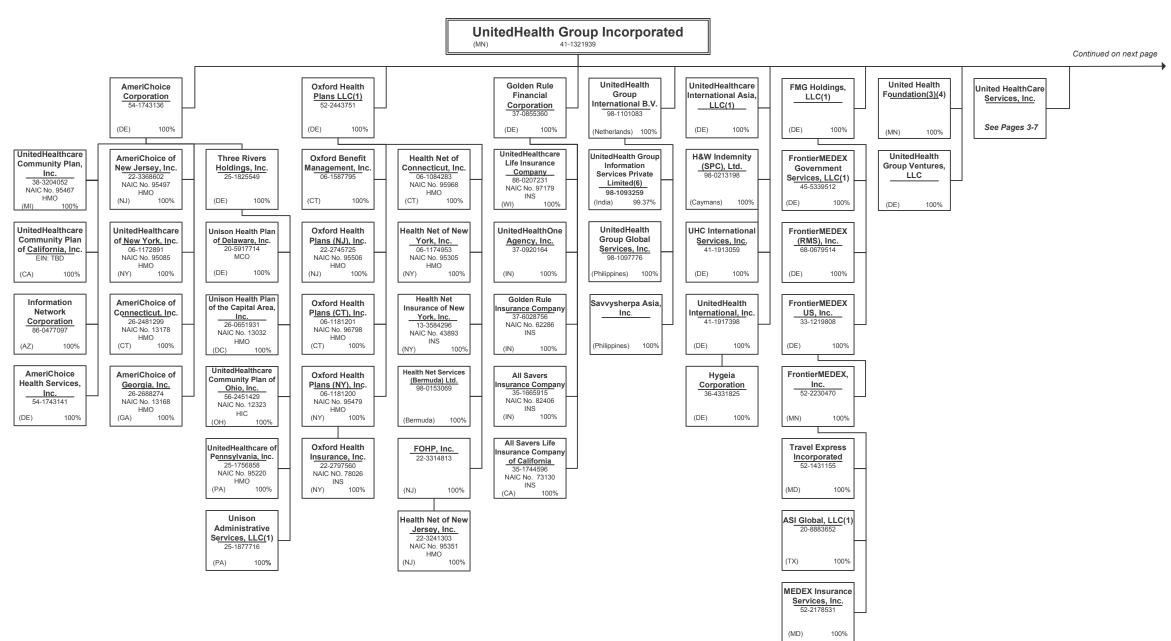
Current Year to Date - Allocated by States and Territories

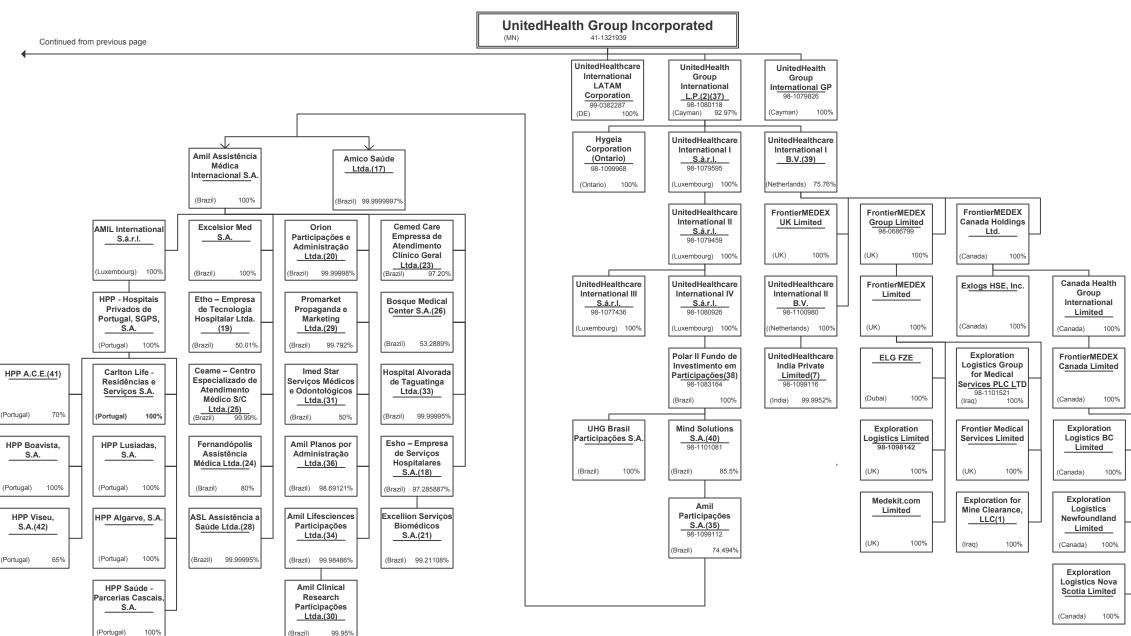
| | | | 4 | Current Ye | ear to Date - A | illocated by S | | | | | |
|------------|---|---------|---|--------------------|-------------------------|-----------------------|---------------------|-------------------------|----------------------|------------------------|---------------------------|
| 1 | | | 1 | 2 | 3 | 4 | Direct Bus | iness Only 6 | 7 | 8 | 9 |
| 1 | | | | | 3 | 7 | Federal | | · | , s | 9 |
| 1 | | | | | | | Employees | Life and | | | |
| | | | | | | | Health | Annuity | | | |
| | | | | Accident and | | | Benefits | Premiums & | Property/ | Total | |
| | States, etc. | | Active Status | Health Premiums | Medicare Title XVIII | Medicaid Title XIX | Program Premiums | Other Considerations | Casualty Premiums | Columns 2 Through 7 | Deposit-Type Contracts |
| 1. | Alabama | ٨١ | N | FIGHHUMS | TILLE AVIII | TILLE XIX | Fieliliulis | Considerations | Fieliliuliis | 1111Ough 7 | Contracts |
| 2. | Alaska | | NN. | | | | | | | 0 | · |
| | | | N | | | | | | | 0 | |
| | Arizona | | N | 0.007.400 | 0 500 550 | | | | | | |
| 4. | Arkansas | | L | 2,337,423 | 9,530,553 | | | | | 11,867,976 | |
| 5. | | CA | N | | | | | | | 0 | |
| 6. | Colorado | | N | | | | | | | 0 | |
| 7. | Connecticut | | N | | | | | | | 0 | |
| 8. | Delaware | | N | | | | | | | 0 | |
| | District of Columbia | | N | | | | | | | 0 | |
| 10. | Florida | | N | | | | | | | 0 | |
| 11. | Georgia | | N | | | | | | | 0 | |
| | Hawaii | | N | | | | | | | 0 | |
| 13. | Idaho | ID | N | | | | | | | 0 | |
| 14. | Illinois | IL | N | | | | | | | 0 | |
| 15. | Indiana | IN | N | | | | | | | 0 | |
| 16. | lowa | | N | | | | | | | 0 | |
| 1 | Kansas | | N | | | | | | | 0 | |
| 18. | Kentucky | KY | N | | | | | | | 0 | |
| 19. | Louisiana | LA | N. | | | | | | | 0 | |
| 20. | Maine | ME | N | | | | | | | 0 | |
| 21. | Maryland | MD | N | | | | | | | 0 | |
| | Massachusetts | | N | | | | | | | 0 | |
| | Michigan | | N. | | | | | | | 0 | |
| | Minnesota | | N | | | | | | | 0 | |
| 1 | Mississippi | | N. | | | | | | | 0 | |
| | Missouri | | N | | | | | | | 0 | |
| | Montana | | N | | | | | | | 0 | |
| | Nebraska | | N | | | | | | | 0 | |
| 29. | Nevada | | N | | | | | | | 0 | |
| 1 | New Hampshire | | N | | | | | | | 0 | |
| | New Jersey | | N | | | | | | | 0 | [|
| | New Mexico | | N | | | | | | | 0 | <u> </u> |
| | New York | | N | | | | | | | 0 | <u> </u> |
| | North Carolina | | N | | | | | | | 0 | |
| | | | | | | | | | | | |
| | North Dakota | | N | | | | | | | 0 | |
| 36. | | ОН | N | | | | | | | 0 | |
| | | OK | N | | | | | | | 0 | |
| | Oregon | | NN | | | | | | | 0 | |
| | Pennsylvania | | N | | | | | | | 0 | |
| 40. | Rhode Island | | N | | | | | | | 0 | ļ |
| | South Carolina | | N | | | | | | | 0 | ļ |
| 42. | South Dakota | SD | N | | | | | | | 0 | |
| 43. | Tennessee | TN | N | | | | | | | 0 | |
| 44. | Texas | TX | N | | | | | | | 0 | |
| 45. | Utah | UT | N | | | | | | | 0 | |
| 46. | Vermont | VT | N | | | | | | | 0 | |
| 47. | Virginia | VA | N | | | | | | | 0 | |
| | Washington | | N. | | | | | | | 0 | |
| | West Virginia | | N. | | | | | | | 0 | |
| | Wisconsin | | N. | | | | | | | n | |
| 51. | Wyoming | | N | | | | | | | n | |
| | American Samoa | | N | | | | | | | n | |
| 1 | Guam | | N | | | | | | | 0 | |
| | Puerto Rico | | N | | | | | | | ٥ | |
| | U.S. Virgin Islands | | N | | | | | | | | <u> </u> |
| 1 | Northern Mariana | VI | | | | | | <u> </u> | | ν | <u> </u> |
| 50. | Islands | MP | N. | | | | | | | 0 | |
| 57. | Canada | | N | | | | | | | 0 | |
| 58. | Aggregate Other | _, 4 | *************************************** | | | | | | | | |
| | Aliens | | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 59. | Subtotal | | XXX | 2,337,423 | 9,530,553 | 0 | 0 | 0 | 0 | 11,867,976 | 0 |
| 60. | Reporting Entity Contributions for Em Benefit Plans | | xxx | | | | | | | 0 | |
| 61. | Totals (Direct Busines | | (a) 1 | 2,337,423 | 9,530,553 | 0 | 0 | 0 | 0 | 11,867,976 | 0 |
| 51. | DETAILS OF WRITE- | | (a) I | ۷, ۱۵۵۱ ,4۷۵ | a, JJU, JJJ | U | U | | U | 11,001,810 | |
| 58001. | | | \\\\\ | | | | | | | | |
| | | | XXX | | | | | † | | † | t |
| 50002. | | | XXX | | | | | | | | t |
| 58003. | Cummer | ~ | XXX | | | | | | | | |
| 58998. | Summary of remaining | | | | | | | | | | |
| | write-ins for Line 58 fro | | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 58999 | Totals (Lines 58001 th | | | | | | | | | | [|
| | 58003 plus 58998)(Lir | | | | | | | | | | |
| | above) | | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (L) Licens | sed or Chartered - Licens | sed Ins | urance Carrier o | or Domiciled RRG | G (R) Registered | - Non-domiciled | RRGs: (Q) Quali | fied - Qualified or | Accredited Rein | surer: (F) Fligible | - Reporting |

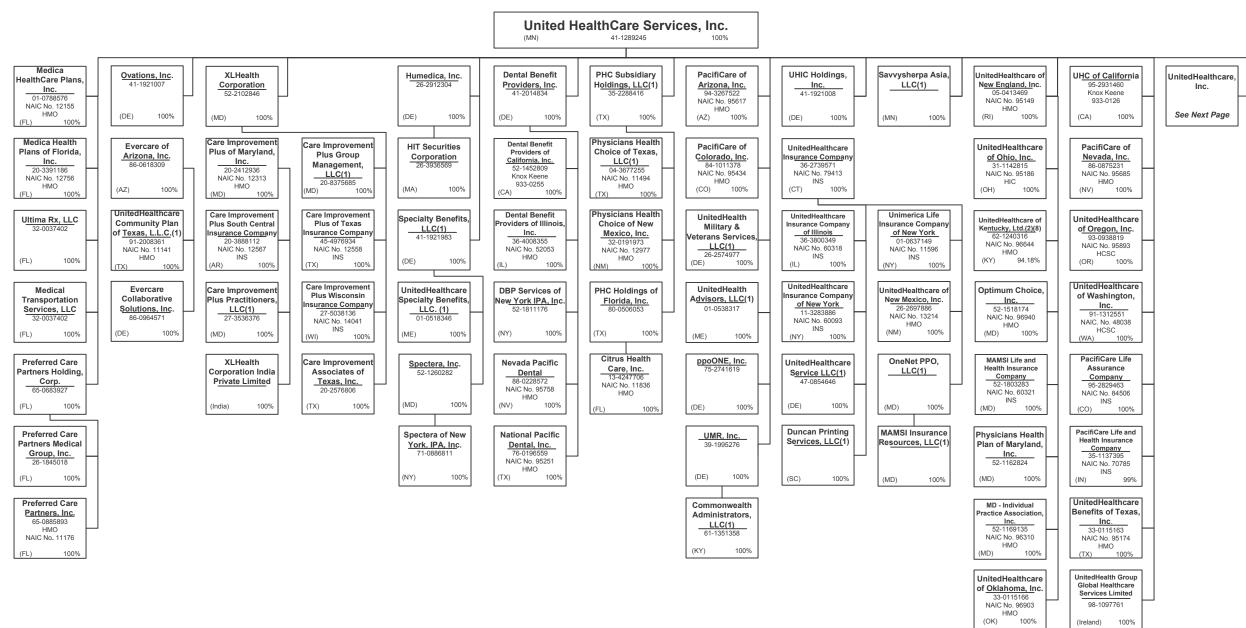
⁽a) Insert the number of L responses except for Canada and Other Alien.

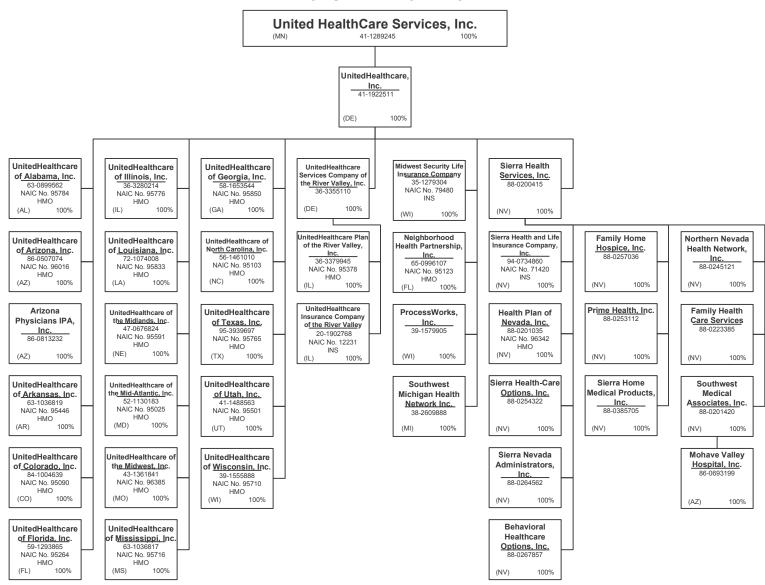
Premiums allocated by state based upon Geographic Market.

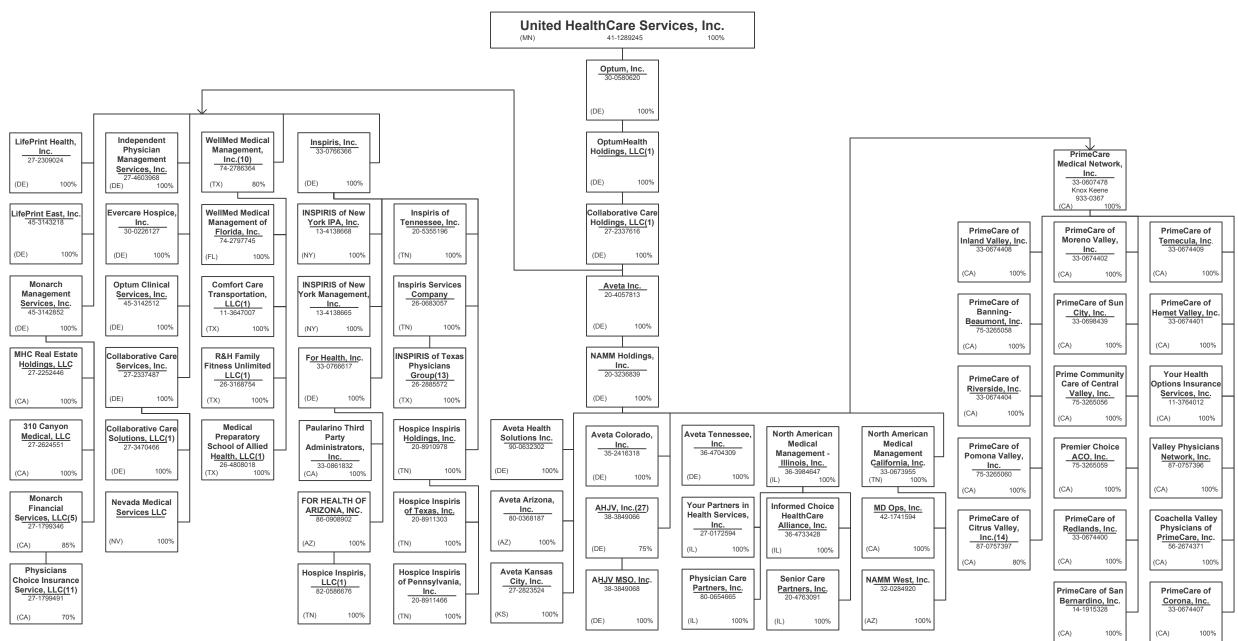
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

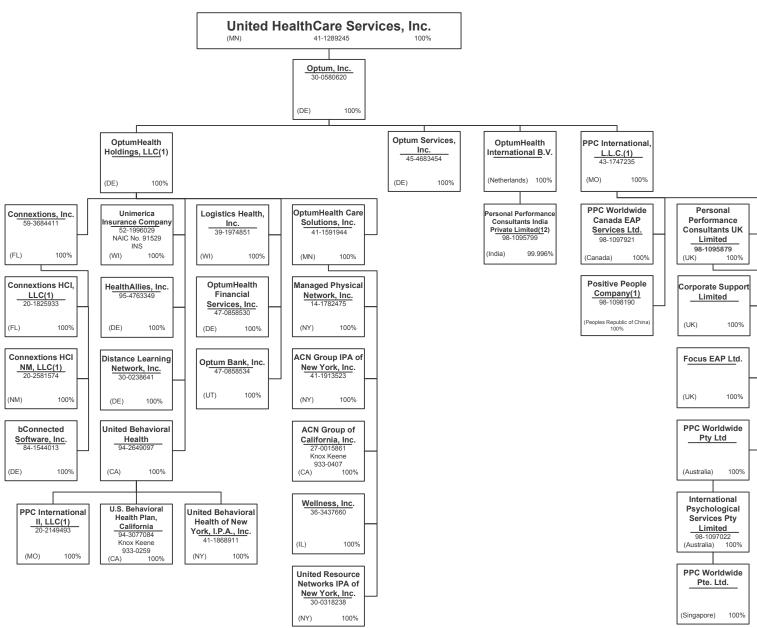






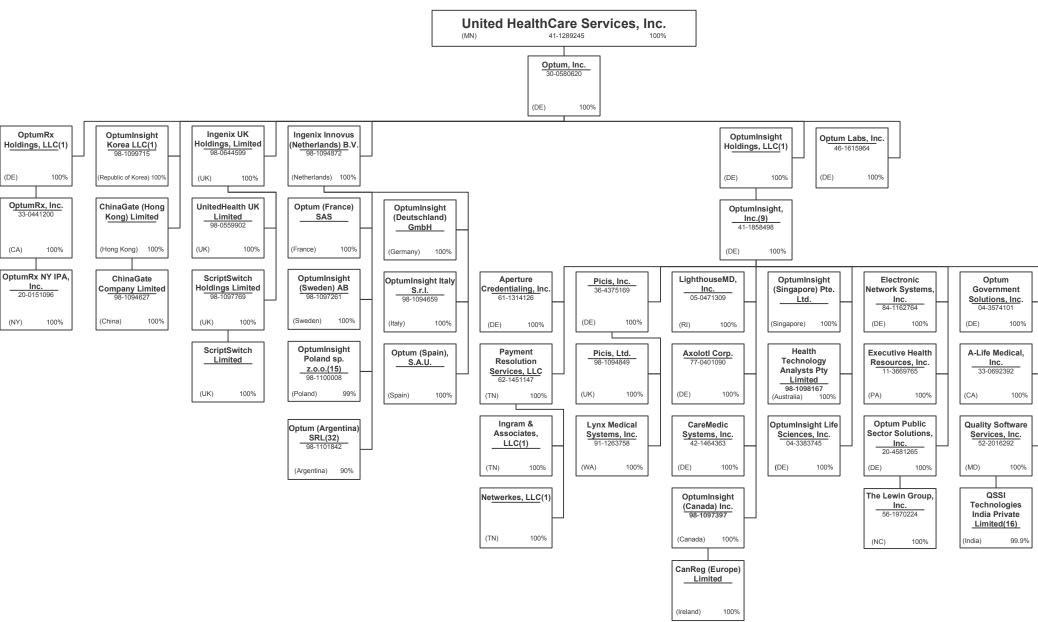






15.6

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP



PART 1 - ORGANIZATIONAL CHART

Notes

All legal entities on the Organization Chart are Corporations unless otherwise indicated.

- (1) Entity is a Limited Liability Company
- (2) Entity is a Partnership
- (3) Entity is a Non-Profit Corporation
- (4) Control of the Foundation is based on sole membership, not the ownership of voting securities
- (5) Monarch Financial Services, LLC is 85% owned by Monarch Management Services, Inc. and 15% owned by external shareholders.
- (6) UnitedHealth Group Information Services Private Limited is 99.37% owned by UnitedHealth Group International B.V.. The remaining 0.63% is owned by UnitedHealth International Inc.
- (7) United Healthcare India Private Limited is 99.9952% owned by UnitedHealthcare International II B.V. and 0.0048% owned by UnitedHealth International, Inc.
- (8) General partnership interests are held by United HealthCare Services, Inc. (89.77%) and by UnitedHealthcare, Inc. (10.23%). United HealthCare Services, Inc. also holds 100% of the limited partnership interests. When combining general and limited partner interests, United HealthCare Services, Inc. owns 94.18% and UnitedHealthcare. Inc. owns 5.83%.
- (9) Established a branch, Ingenix, Inc. Abu Dhabi, located in Abut Dhabi, UAE.
- (10) WellMed Medical Management, Inc. is 80% owned by Collaborative Care Holdings, LLC and 20% owned by WMG Healthcare Partners, L.P.
- (11) Physicians Choice Insurance Service, LLC is 70% owned by Monarch Financial Services, LLC and 30% owned by external shareholders.
- (12) Personal Performance Consultants India Private Limited is 99.996% owned by OptumHealth International B.V. and 0.004 % owned by United Behavioral Health.
- (13) INSPIRIS of Texas Physicians Group is a Texas non-profit (taxable) whose sole member is Inspiris Services Company.
- (14) PrimeCare of Citrus Valley, Inc. is 80% owned by PrimeCare Medical Network, Inc. and 20% owned by Citrus Valley Medical Associates, Inc.
- (15) OptumInsight Poland sp. z.o.o. is 99% owned by Ingenix Innovus (Netherlands) B.V. The remaining 1% is owned by OptumInsight, Inc.
- (16) QSSI Technologies India Private Limited is 99.9% owned by Quality Software Services, Inc. and 0.1% owned by an Indian citizen.

- (17) Amico Saúde Ltda. is 99.9999997% owned by Amil Participações S.A. and 0.0000003% owned by and officer of Amil.
- (18) Esho Empresa de Serviços Hospitalares S.A is 97.285887% owned by Amil Assistência Médica Internacional S.A.; 0.224917% owned by Amico Saúde Ltda.; 0.094901 owned by Treasury Shares and 2.4% owned by external shareholders.
- (19) Etho Empresa de Technologia Hospitalar Ltda. 50.01% owned by Amil Assistência Médica Internacional S.A.and 49.99% owned by an external shareholder.
- (20) Orion Participações e Administração Ltda. is 99.99998% owned by Amil Assistência Médica Internacional S.A. and 0.00002% owned by Amico Saúde Ltda.
- (21) Excellion Serviços Biomédicos S.A.is 99.21108% owned by Esho Empresa de Serviços Hospitalares S.A and 0.78892% owned by external shareholders.
- (22) [TBD]
- (23) Cemed Care Empressa de Atendimento Clínico Geral Ltda. Is 97.20% owned by Amil Assistência Médica Internacional S.A. and 2.8% owned by Amico Saúde Ltd.
- (24) Fernandôpolis Assistência Médica Ltda. is 80% owned by Amil Assistência Médica Internacional S.A. and 20% owned by an external shareholder.
- (25) Ceame Centro Especializado de Atendimento Médico S/C Ltda. Is 99.99% onwed by Amil Assistência Médica Internacional S.A. and 0.01% owned by Cemed Care Empressa de Atendimento Clínico Geral Ltda.
- (26) Bosque Medical Center S.A. is 53.2889% owned by Amil Assistência Médica Internacional S.A.; 33.7727% owned by Amico Saúde Ltd. and 12.9384% owned by Esho – Empresa de Servicos Hospitalares S.A.
- (27) AHJV, Inc. is 75% owned by NAMM Holdings, Inc. and 25% owned by Humana, Inc.
- (28) ASL Assistência a Saúde Ltda. Is 99.99995% owned by Amil Assistência Médica Internacional S.A and 0.00005% owned by an officer of Amil.
- (29) Promarket Propaganda e Marketing Ltda.is 99.792% owned by Amil Assistência Médica Internacional S.A and 0.208% owned by Amico Saúde Ltd.
- (30) Amil Clinical Research Participações Ltda. is 99.95% owned by Amil Lifesciences Participações Ltda. and .05% owned by an officer of Amil.
- (31) Imed Star Serviços Médicos e Odontológicos Ltda.is 50% owned by Amil Assistência Médica Internacional S.A and 50% owned by Amico Saúde Ltd.
- (32) Optum Argentina is 90% owned by Ingenix Innovus (Netherlands) BV and 10% owned by ScriptSwitch Holdings Limited.

- (33) Hospital Alvorada Taguatinga Ltda. Is 99.99995% owned by Amil Assistência Médica Internacional S.A. and 0.00005% owned by an officer of Amil.
- (34) Amil Lifesciences Participações Ltda. Is 99.98486% owned by Amil Assistência Médica Internacional S.A and 0.01514% owned by an officer of Amil.
- (35) As of December 31, 2012, Amil Participações S.A. was 74.494% owned by Mind Solutions S.A and the remaining 25.506% was owned by other public shareholders.
- (36) Amil Planos por Administração Ltda. is 98.69121% owned by Amil Assistência Médica Internacional S.A; 1.30196% owned by Amico Saúde Ltd and 0.00683% owned by an officer of Amil.
- (37) The limited partners of UnitedHealth Group International, L.P. include FMG Holdings, LLC (4.41%), UnitedHealthcare International LATAM Corporation (2.3%), Hygeia Corporation (DE) (0.33%) and UnitedHealth Group Incorporated (92.97%). UnitedHealth Group International GP is the general partner of UnitedHealth Group International. L.P.
- (38) Polar II Fundo de Investimento em Participações is a Brazilian private equity investment fund incorporated in the form of a closed-end condominium.
- (39) UnitedHealthcare International I, B.V. is 75.76% owned by UnitedHealth Group International L.P. and 24.24% owned by UnitedHealth Group International B.V.
- (40) As of December 31, 2012, Polar II Fundo de Investimento em Participações, a Brazilian private equity investment fund incorporated in the form of a closed-end condominium, owned 85.5% of Mind Solutions S.A.'s common stock and Amil's founders owned the remaining 14.5%. Under the contractual arrangements among the parties, upon the completion of the merger of Mind Solutions S.A. into Amil Participações S.A. (in which Amil Participações S.A. will be the surviving company), Polar II Fundo de Investimento em Participações S.A. will own 90% of Amil Participações S.A. and Amil's founders will own the remaining 10%.
- (41) HPP A.C.E. is 70% owned by HPP Hospitais Privados de Portugal, SGPS, S.A. The remaining 30% is owned by (1) HPP Boavista, S.A.,(2) HPP Lusiadas, S.A., (3) HPP Algarve, S.A., (4) HPP Saúde Parcerias Cascais, S.A., and (5) HPP Viseu, S.A.; each owning 6%.
- (42) HPP Viseu, S.A. is 65% owned by HPP Hospitais Privados de Portugal, SGPS, S.A.. The remaining 35% is jointly owned VISABEIRA Saúde - Serviços de Saúde, S.A., VISABEIRA Participações Financeiras, SGPS, S.A., VISABEIRA Investimentos Financeiros SGPS, S.A. and Ciclorama - Estudos, Projectos e Produções, Lda.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|-------|----------------------------------|---------|----------------|---------|------|--------------------|---|---------|-----------|---------------------------------------|-------------------|----------|--|-------|
| | _ | Ŭ | | | Ū | · · | | | 10 | • • | Type | If | | |
| | | | | | | | | | | | of Control | Control | | |
| | | | | | | | | | | | (Ownership, | is | | |
| | | | | | | Name of Securities | | | Relation- | | Board, | Owner- | | |
| | | | | | | Exchange | | Domi- | ship | | Management. | ship | | |
| | | NIAIO | Fadasal | | | | Names of | - | | | - 3 | | | |
| 0 | | NAIC | Federal | Fadasal | | if Publicly Traded | Names of | ciliary | to | Discostly Constrailed by | Attorney-in-Fact, | Provide | | |
| Group | O No | Company | ID | Federal | 0114 | (U.S. or | Parent, Subsidiaries | Loca- | Reporting | Directly Controlled by | Influence, | Percen- | Ultimate Controlling | |
| Code | Group Name | Code | Number | RSSD | CIK | International) | Or Affiliates | tion | Entity | (Name of Entity/Person) | Other) | tage | Entity(ies)/Person(s) | • |
| | | 00000 | | | | | 310 Canyon Medical, LLC | CA | NI A | Monarch Management Services, Inc | Ownership | | UnitedHealth Group Incorporated | - |
| | | 00000 | 41-1913523 . | | | | ACN Group IPA of New York, Inc | NY | NI A | OptumHealth Care Solutions, Inc | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | 27-0015861 . | | | | ACN Group of California, Inc. | CA | I A | OptumHealth Care Solutions, Inc | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | . 38-3849068 . | | | | AHJV MSO, Inc. | DE | NI A | . AHJV, Inc | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | . 38-3849066 . | | | | AHJV, Inc. | CA | NI A | NAMM Holdings, Inc. | Ownership | 75.000 | UnitedHealth Group Incorporated | 8 |
| | | 00000 | 33-0692392 . | | | | A-Life Medical, Inc. | CA | NI A | OptumInsight, Inc | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| 0707 | UnitedHealth Group Incorporated | 82406 | 35-1665915 . | | | | All Savers Insurance Company | IN | IA | Golden Rule Financial Corporation | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | | | | | | All Savers Life Insurance Company of | | | | | | | |
| 0707 | UnitedHealth Group Incorporated | 73130 | 35-1744596 | | | _ | California | CA | I A | Golden Rule Financial Corporation | 0wnership | | UnitedHealth Group Incorporated | |
| | l | 00000 | 54-1743136 | | | | AmeriChoice Corporation | DE | NIA | UnitedHealth Group Incorporated | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | 54-1743141 . | | | | AmeriChoice Health Services, Inc. | DE | NIA | AmeriChoice Corporation | Ownership. | 100.000 | UnitedHealth Group Incorporated | |
| 0707 | UnitedHealth Group Incorporated | 13178 | 26-2481299 | | | | AmeriChoice of Connecticut, Inc. | CT | IA | AmeriChoice Corporation | Ownership. | 100.000 | UnitedHealth Group Incorporated | |
| 0707 | UnitedHealth Group Incorporated | 13168 | 26-2688274 | | | | AmeriChoice of Georgia, Inc. | GA | IA | AmeriChoice Corporation | Ownership. | 100.000 | UnitedHealth Group Incorporated | |
| | UnitedHealth Group Incorporated | 95497 | 22-3368602 | | | | AmeriChoice of New Jersey, Inc. | NJ | IA | AmeriChoice Corporation | Ownership. | 100.000 | UnitedHealth Group Incorporated | |
| 0101 | Jointedicartii droup moorporated | 00000 | . 22 0000002 . | | | | Amico Saúde Ltda. | BRA | | Amil Participações S.A. | Ownership | | UnitedHealth Group Incorporated | |
| | | 00000 | | | | | Amil Assistência Médica Internacional S.A. | UI I/ | NI /\ | Aiii Tai ticipações o.A. | owner strip | 100.000 | on tealearth aroup moorporated | ق |
| | | 00000 | | | | | Amili Assistencia medica internacional S.A. | BRA | NII A | Amil Participações S.A. | Ownership | 100 000 | UnitedHealth Group Incorporated | |
| | | 00000 | | | | | Amil Oliminal Danamah Dantiniana and Itala | DNA | NIA | Amili Participações S.A. | Owner strip | 100.000 | | |
| | | 00000 | | | | | Amil Clinical Research Participações Ltda. | DD 4 | NII A | A 1111 D 11 2 144. | 0 | 00 050 | Half A. Allandah. On the January and A. A. | |
| | | 00000 | | | | | | BRA | NIA | Amil Lifesciences Participações Ltda. | Ownership | 99.950 | UnitedHealth Group Incorporated | 9 |
| | | | | | | | | | | Amil Assistência Médica Internacional | | | | |
| | | 00000 | | | | | AMIL International S.á.r.I. | LUX | NIA | S.A | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | | | | | | | | | Amil Assistência Médica Internacional | | | | |
| | | 00000 | 98-1099112 . | | | | Amil Lifesciences Participações Ltda | BRA | NIA | S.A | Ownership | 99.985 | UnitedHealth Group Incorporated | 9 |
| | | 00000 | | | | | Amil Participações S.A. | BRA | NIA | Mind Solutions S.A. | Ownership | 74 . 490 | UnitedHealth Group Incorporated | 2 |
| | | | | | | | | | | Amil Assistência Médica Internacional | | | | |
| | | 00000 | | | | | Amil Planos por Administração Ltda | BRA | NIA | S.A | Ownership | 98.691 | | 10 |
| | | 00000 | | | | | Amil Planos por Administração Ltda | BRA | NIA | Amico Saúde Ltda. | Ownership | 1.302 | UnitedHealth Group Incorporated | 10 |
| | | 00000 | 61-1314126 . | | | | Aperture Credentialing, Inc. | DE | NI A | OptumInsight, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | 86-0813232 . | | | | Arizona Physicians IPA, Inc. | AZ | IA | UnitedHealthcare, Inc. | Ownership. | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | 20-8883652 | | | | ASI Global, LLC | TX | NIA | FrontierMEDEX, Inc. | Ownership. | 100.000 | UnitedHealth Group Incorporated | |
| | | | | | | | , | | | Amil Assistência Médica Internacional | · | | | |
| | | 00000 | | | | | ASL Assistência a Saúde Ltda. | BRA | NIA | S.A | Ownership | 100.000 | UnitedHealth Group Incorporated | 9 |
| | | 00000 | 80-0368187 | | | | Aveta Arizona, Inc. | AZ | NIA | NAMM Holdings, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | 35-2416318 | | | | Aveta Colorado. Inc. | DE | NIA | NAMM Holdings, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated | - |
| | | 00000 | 90-0632302 | | | | Aveta Health Solutions Inc. | DE | NIA | NAMM Holdings, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated | - |
| | | 00000 | 20-4057813 . | | | | Aveta Inc. | DE | NIA | Collaborative Care Holdings, LLC | Ownership | 100.000 | UnitedHealth Group Incorporated | - |
| | | 00000 | 27-2823524 | | | | Aveta Kansas City, Inc. | KS | NIA | NAMM Holdings, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated | - |
| | | 00000 | 36-4704309 | | | | Aveta Tennessee, Inc. | DE | NIA | NAMM Holdings, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated | - |
| | | 00000 | 77-0401090 | | | | | DE | | OptumInsight, Inc. | Ownership | | UnitedHealth Group Incorporated | - |
| | | | 84-1544013 | | | | Axoloti Corp. | | NIA | | | 100.000 | | - |
| | | 00000 | | | | | bConnected Software, Inc. | DE | NIA | Connextions, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated | - |
| | | 00000 | 88-0267857 _ | | | | Behavioral Healthcare Options, Inc. | NV | NIA | Sierra Health Services, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated | - |
| | | I | | | | | | 1 | | Amil Assistência Médica Internacional | | | | |
| | | 00000 | | | | - | Bosque Medical Center S.A. | BRA | NIA | S.A | Ownership | 53.289 | UnitedHealth Group Incorporated | . 11 |
| | | 00000 | | · | | | Bosque Medical Center S.A. | BRA | NI A | Amico Saúde Ltda | Ownership | 33.773 | UnitedHealth Group Incorporated | 11 |
| | | 00000 | | | | | Canada Health Group International Limited . | CAN | NI A | FrontierMEDEX Canada Holdings Ltd | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | | | | | CanReg (Europe) Limited | IRL | NI A | OptumInsight (Canada) Inc | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 1 | | | | | Care Improvement Associates of Texas, Inc. | | | | | | | |
| | | 00000 | 20-2576806 _ | | | | | TX | NIA | XLHealth Corporation | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 1 | | | | | Care Improvement Plus Group Management, | | | · | | | | |
| | | 00000 | 20-8375685 | 1 | | | LLC | MD | NIA | XLHealth Corporation | Ownership | _100.000 | UnitedHealth Group Incorporated | |
| | UnitedHealth Group Incorporated | 12313 | 20-2412936 | | | | Care Improvement Plus of Maryland, Inc. | MD | IA | XLHealth Corporation | Ownership | | UnitedHealth Group Incorporated | 1 |

| 0707 UnitedHealth (| Group Name Group Incorporated Group Incorporated Group Incorporated | NAIC Company Code1255800000 | 4 Federal ID Number 45-4976934 _ 27-3536376 _ 20-3888112 . 27-5038136 _ 42-1464363 . | Federal RSSD | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries Or Affiliates Care Improvement Plus of Texas Insurance Company | 9 Domiciliary Location | Relation- ship to Reporting Entity | 11 Directly Controlled by (Name of Entity/Person) | 12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | 13 If Control is Owner- ship Provide Percen- tage | Ultimate Controlling Entity(ies)/Person(s) * |
|--|--|--|--|-----------------|--|--|--------------------------|--|--|---|---|--|
| Code Gi0707 UnitedHealth (| Group Name Group Incorporated Group Incorporated | Company Code 12558 00000 12567 14041 00000 | ID Number 45-4976934 _ 27-3536376 _ 20-3888112 . 27-5038136 . | | Exchange if Publicly Traded (U.S. or | Parent, Subsidiaries Or Affiliates Care Improvement Plus of Texas Insurance Company Care Improvement Plus Practitioners, LLC | ciliary Loca- tion | ship to Reporting | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, | If Control is Owner- ship Provide Percen- | Ultimate Controlling |
| Code Gi0707 UnitedHealth (0707 UnitedHealth (0707 UnitedHealth (| Group Incorporated | Company Code 12558 00000 12567 14041 00000 | ID Number 45-4976934 _ 27-3536376 _ 20-3888112 . 27-5038136 . | | Exchange if Publicly Traded (U.S. or | Parent, Subsidiaries Or Affiliates Care Improvement Plus of Texas Insurance Company Care Improvement Plus Practitioners, LLC | ciliary Loca- tion | ship to Reporting | Directly Controlled by (Name of Entity/Person) | of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, | is Owner- ship Provide Percen- | |
| Code Gi0707 UnitedHealth (| Group Incorporated | Company Code 12558 00000 12567 14041 00000 | ID Number 45-4976934 _ 27-3536376 _ 20-3888112 . 27-5038136 . | | Exchange if Publicly Traded (U.S. or | Parent, Subsidiaries Or Affiliates Care Improvement Plus of Texas Insurance Company Care Improvement Plus Practitioners, LLC | ciliary Loca- tion | ship to Reporting | Directly Controlled by (Name of Entity/Person) | Board, Management, Attorney-in-Fact, Influence, | Owner- ship Provide Percen- | |
| Code Gi0707 UnitedHealth (| Group Incorporated | Company Code 12558 00000 12567 14041 00000 | ID Number 45-4976934 _ 27-3536376 _ 20-3888112 . 27-5038136 . | | Exchange if Publicly Traded (U.S. or | Parent, Subsidiaries Or Affiliates Care Improvement Plus of Texas Insurance Company Care Improvement Plus Practitioners, LLC | ciliary Loca- tion | ship to Reporting | Directly Controlled by (Name of Entity/Person) | Management, Attorney-in-Fact, Influence, | ship Provide Percen- | |
| Code Gi0707 UnitedHealth (| Group Incorporated | Company Code 12558 00000 12567 14041 00000 | ID Number 45-4976934 _ 27-3536376 _ 20-3888112 . 27-5038136 . | | if Publicly Traded (U.S. or | Parent, Subsidiaries Or Affiliates Care Improvement Plus of Texas Insurance Company Care Improvement Plus Practitioners, LLC | ciliary Loca- tion | to Reporting | Directly Controlled by (Name of Entity/Person) | Attorney-in-Fact, Influence, | Provide Percen- | |
| Code Gi0707 UnitedHealth (| Group Incorporated | Company Code 12558 00000 12567 14041 00000 | ID Number 45-4976934 _ 27-3536376 _ 20-3888112 . 27-5038136 . | | (U.S. or | Parent, Subsidiaries Or Affiliates Care Improvement Plus of Texas Insurance Company Care Improvement Plus Practitioners, LLC | Loca- tion | Reporting | Directly Controlled by (Name of Entity/Person) | Influence, | Percen- | |
| Code Gi0707 UnitedHealth (| Group Incorporated | Code1255800000 | Number 45-4976934 . 27-3536376 . 20-3888112 . 27-5038136 . | | | Or Affiliates Care Improvement Plus of Texas Insurance Company | tion | | Directly Controlled by (Name of Entity/Person) | | | |
| 0707 UnitedHealth (| Group Incorporated | 12558 00000 | 45-4976934 . 27-3536376 . 20-3888112 . 27-5038136 . | RSSD | CIK International) | Care Improvement Plus of Texas Insurance Company | | Entity | (Name of Entity/Person) | Other) | tage | Entity(ies)/Person(s) * |
| 0707 UnitedHealth (| Group Incorporated | 125671404100000 | 27-3536376 . 20-3888112 . 27-5038136 . | | | Company | TY | | | II | | · · · · · · · · · · · · · · · · · · · |
| 9707 UnitedHealth (| Group Incorporated | 125671404100000 | 27-3536376 . 20-3888112 . 27-5038136 . | | | Care Improvement Plus Practitioners, LLC | TY | | | | 1 | |
| 0707 UnitedHealth | | 12567 14041 00000 | 20-3888112 . 27-5038136 . | | | | | | LHealth Corporation | Ownership | 100.000 | UnitedHealth Group Incorporated |
| 0707 UnitedHealth | | 14041 | 27-5038136 . | | | 10 1 101 0 11 0 1 1 | MD | NIA XI | LHealth Corporation | Ownership | 100.000 | UnitedHealth Group Incorporated |
| 0707 UnitedHealth | | 14041 | 27-5038136 . | | ı | Care Improvement Plus South Central | 40 | IA W | III. III. A | 0h: | 100 000 | Heiter His Italy Const. Lancau and the |
| | Group Incorporated | 00000 | | | | Insurance Company | AR | I A XI | LHealth Corporation | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | utoup meorporated | 00000 | | | | Company | WI | I A XI | LHealth Corporation | Ownership | 100.000 | UnitedHealth Group Incorporated |
| 0707 UnitedHealth (| | | 42-1404303 | | | CareMedic Systems, Inc. | CA | | ptumInsight, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated |
| 0707 UnitedHealth (| | 00000 | • | | | Carlton Life - Residências e Serviços S.A. | UA | | PP - Hospitais Privados de Portugal, | _ Owner Strip | | Jointeunearth Group meorporated |
| 0707 UnitedHealth (| | 00000 | | | | Carriton Line - nestuencias e serviços s.x. | PRT | | GPS. S.A. | Ownership | 100.000 | UnitedHealth Group Incorporated |
| 0707 UnitedHealth | | | | | | Ceame — Centro Especializado de | . | | mil Assistência Médica Internacional | Owner strip | | Jointediearth droup meorporated |
| 0707 UnitedHealth | | 00000 | | | | Atendimento Médico S/C Ltda. | BRA | | A. | Ownership | 99.990 | UnitedHealth Group Incorporated 12 |
| 0707 UnitedHealth | | | | | | Ceame — Centro Especializado de | | | emed Care Empressa de Atendimento | - Omici strip | | om teanearth aroup meorporated |
| 0707 UnitedHealth | | 00000 | | | | Atendimento Médico S/C Ltda. | BRA | | línico Geral Ltda. | Ownership | 0.010 | UnitedHealth Group Incorporated 12 |
| 0707 UnitedHealth | | | | | | Cemed Care Empressa de Atendimento Clínico | | | mil Assistência Médica Internacional | | | |
| 0707 UnitedHealth | | 00000 | | | | Geral Ltda. | BRA | | .A. | Ownership | 97.200 | UnitedHealth Group Incorporated 13 |
| 0707 UnitedHealth | | | | | | Cemed Care Empressa de Atendimento Clínico | | | | | - | 1 |
| 0707 UnitedHealth | | 00000 | | | | Geral Ltda. | BRA | AI A Ar | mico Saúde Ltda | Ownership | 2.800 | UnitedHealth Group Incorporated 13 |
| 0707 UnitedHealth | | 00000 | | | | ChinaGate (Hong Kong) Limited | HKG | NIA Or | ptum, Inc | Ownership | 100.000 | UnitedHealth Group Incorporated |
| 0707 UnitedHealth | | 00000 | 98-1094627 . | | | ChinaGate Company Limited | CHN | NIA Ci | hinaGate (Hong Kong) Limited | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | Group Incorporated | 11836 | 13-4247706 . | | | Citrus Health Care, Inc. | FL | IA Pł | HC Holdings of Florida, Inc | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | | | | | Coachella Valley Physicians of PrimeCare, | | | | | | |
| | | 00000 | 56-2674371 . | | | Inc | CA | NIA Pi | rimeCare Medical Network, Inc | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | 00000 | 27-2337616 . | | | Collaborative Care Holdings, LLC | DE | | ptumHealth Holdings, LLC | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | 00000 | 27-2337487 | | | Collaborative Care Services, Inc. | DE | NIA Co | ollaborative Care Holdings, LLC | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | 00000 | 27-3470466 . | | | Collaborative Care Solutions, LLC | DE | | ollaborative Care Services, Inc | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | 00000 | 11-3647007 . | | | Comfort Care Transportation, LLC | TX | | ellMed Medical Management, Inc | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | 00000 | 61-1351358 . | | | Commonwealth Administrators, LLC | KY | | MR, Inc | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | 00000 | 20-2581574 . | | | Connextions HCI NM, LLC | NM | | onnextions, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | 00000 | 20-1825933 . | | | Connextions HCI, LLC | FL | | onnextions, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | 00000 | 59-3684411 . | | | Connextions, Inc. | FL | | ptumHealth Holdings, LLC | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | 00000 | | | | 0 | ODD | | ersonal Performance Consultants UK | 0h: | 100 000 | Heiter His Italy Const. Lancau and the |
| | | 00000 | FO 4044470 | | | Corporate Support Limited | GBR | | imited | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | 00000 | 52-1811176 . | | | DBP Services of New York IPA, Inc Dental Benefit Providers of California, | NY | NIA Do | ental Benefit Providers, Inc | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | 00000 | 52-1452809 | | | Dental benefit Providers of California, | CV | IA D | ental Benefit Providers. Inc. | Ownership | 100 000 | UnitedHealth Group Incorporated |
| | | 00000 | JZ-14JZ8U9 . | | | Dental Benefit Providers of Illinois. Inc. | CA | IA | ental benefit Floviders, Inc. | - Owner Sillp | | UnitedHealth Group Incorporated |
| 0707UnitedHealth(| Group Incorporated | 52053 | 36-4008355 | | | Dental Denetit Floviders of Hilliots, Inc. | IL | IAD | ental Benefit Providers. Inc. | Ownership. | 100.000 | UnitedHealth Group Incorporated |
| | aroup moorporated | 00000 | 41-2014834 | | | Dental Benefit Providers, Inc. | DE | | nited HealthCare Services, Inc. | Ownership | | UnitedHealth Group Incorporated |
| | | 00000 | 30-0238641 | | | Distance Learning Network, Inc. | DE | | ptumHealth Holdings, LLC | Ownership | . 100.000 | UnitedHealth Group Incorporated |
| | | 00000 | 00-0200041 | | | Duncan Printing Services, LLC | SC | | nitedHealthcare Insurance Company | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | 00000 | 84-1162764 | | | Electronic Network Systems, Inc. | DE | | ptumInsight, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | 00000 | 0. 1102/04 | | | ELG FZE | ARE | | rontierMEDEX Limited | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | | | | | Esho — Empresa de Serviços Hospitalares | | | mil Assistência Médica Internacional | | | |
| | | 00000 | | | | S.A | BRA | | A. | Ownership | 97.286 | UnitedHealth Group Incorporated 14 |
| | | | | | | Esho — Empresa de Serviços Hospitalares | | | | | | |
| | | 00000 | | | | S.A. | BRA | NIA A | mico Saúde Ltda. | Ownership | 0.225 | UnitedHealth Group Incorporated 14 |
| | | | | | | Etho — Empresa de Tecnologia Hospitalar | | | mil Assistência Médica Internacional | | | IT |
| | | 00000 | | | | Ltda. | BRA | | .A. | Ownership | 50.010 | UnitedHealth Group Incorporated22 |
| | | 00000 | 86-0964571 | | | Evercare Collaborative Solutions, Inc. | DE | | vations, Inc. | | | UnitedHealth Group Incorporated |
| | | 00000 | | | | | | INIA IU | Valions, inc. | Ownership | 100,000 | TOTAL COLLECT LIT OF OUR THOUSENED A LEG |

| | | | | PAR | . 1 1 /- | - DETAIL | OF INSURANCE | П | ノレレ | ING COMPANT 3 | | | | |
|-------|----------------------------------|---------|-----------------------------|---------|----------|--------------------|---|-----------|----------|---------------------------------------|-------------------|----------|----------------------------------|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| | | | | | | | - | | | | Type | If | | |
| | | | | | | | | | | | of Control | Control | | |
| | | | | | | | | | | | (Ownership, | is | | |
| | | | | | | Name of Securities | | | Relation | n- | Board, | Owner- | | |
| | | | | | | Exchange | | Domi- | ship | | Management, | ship | | |
| | | NAIC | Federal | | | if Publicly Traded | Names of | ciliary | to | | Attorney-in-Fact, | Provide | | |
| Group | | Company | ID | Federal | | (U.S. or | Parent, Subsidiaries | Loca- | Reportir | ng Directly Controlled by | Influence, | Percen- | Ultimate Controlling | |
| Code | Group Name | Code | Number | RSSD | CIK | International) | Or Affiliates | tion | Entity | | Other) | tage | Entity(ies)/Person(s) | * |
| Code | Gloup Name | 00000 | 86-0618309 | NOOD | OIIX | international) | Evercare of Arizona, Inc. | AZ | IA | Ovations, Inc. | Ownership | .100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | 60-00 10309 . | | | | Excellion Serviços Biomédicos S.A. | AZ BRA | NIA | Esho — Emp. Serv. Hosopitalares S.A | Ownership | 99.211 | UnitedHealth Group Incorporated | 2 |
| | | 00000 | | | | | Excertituit Serviços Biomedicos S.A | DNA | NI A | Amil Assistência Médica Internacional | Owner Strip | 99.211 | onitedhearth droup incorporated | 2 |
| | | 00000 | | | | | Excelsior Med S.A. | BRA | NIA | S A | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | 11-3669765 | | | | Executive Health Resources, Inc. | PA | NIA | OptumInsight, Inc. | Ownership | .100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | 11-3009/00 . | | | | | PA CAN | | FrontierMEDEX Canada Holdings Ltd. | Ownership. | .100.000 | | |
| | | | | | | | Exlogs HSE, Inc. (Canada) | | NIA | | | | UnitedHealth Group Incorporated | |
| | | 00000 | | | | | Exploration for Mine Clearance, LLC | JRQ | NIA | FrontierMEDEX Limited | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | | | | | Exploration Logistics BC Limited | CAN | NIA | FrontierMEDEX Canada Limited | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| 1 | | 00000 | | | | | Exploration Logistics Group for Medical | LDO | | E II NEDEVII II | | 400.000 | l | |
| | | 00000 | 00 4000 | - | | | Services PLC LTD | IRQ | NIA | | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | . 98–1098142 . | | | | Exploration Logistics Limited | GBR | NI A | FrontierMEDEX Limited | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | | | | | | Exploration Logistics Newfoundland Limited | | | | | | | |
| | | 00000 | | | | | | CAN | NIA | FrontierMEDEX Canada Limited | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | | | | | Exploration Logistics Nova Scotia Limited . | CAN | NIA | FrontierMEDEX Canada Limited | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | . 88-0223385 . | | | | Family Health Care Services | NV | NIA | Sierra Health Services, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | . 88-0257036 . | | | | Family Home Hospice, Inc. | NV | NIA | Sierra Health Services, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | | | | | | | | | Amil Assistência Médica Internacional | | | | |
| | | 00000 | | | | | Fernandópolis Assistência Médica Ltda | BRA | NIA | S.A | Ownership | 80.000 | UnitedHealth Group Incorporated | 2 |
| | | 00000 | . 35-2456267 . | | | | FMG Holdings, LLC | DE | NIA | UnitedHealth Group Incorporated | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | | | | | | | | | Personal Performance Consultants UK | | | | |
| | | 00000 | | | | | Focus EAP Ltd. | GBR | NIA | Limited | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | . 22-3314813 . | | | | FOHP, Inc | NJ | NIA | Oxford Health Plans LLC | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | . 86-0908902 . | | | | FOR HEALTH OF ARIZONA, INC | AZ | NIA | For Health, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | . 33-0766617 | | | | For Health, Inc. | DE | NIA | Inspiris, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | | | | | Frontier Medical Services Limited | GBR | NIA | FrontierMEDEX Limited | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | . 68-0679514 | | | | FrontierMEDEX (RMS), Inc. | DE | NIA | FMG Holdings, LLC | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | | | | | FrontierMEDEX Canada Holdings Ltd | CAN | NIA | UnitedHealthcare International I B.V | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | | | | | | - | | | Canada Health Group International | · | | · · · | |
| | | 00000 | | | | | FrontierMEDEX Canada Limited | CAN | NIA | Limited | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | 45-5339512 | | | | FrontierMEDEX Government Services, LLC | DE | NIA | FMG Holdings, LLC | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | 98-0686799 | | | | FrontierMEDEX Group Limited | GBR | NIA | UnitedHealthcare International I B.V. | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | | | | | FrontierMEDEX Limited | GBR | NIA | UnitedHealthcare International I B.V. | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | | | | | FrontierMEDEX UK Limited | GBR | NIA | FrontierMEDEX Group Limited | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | . 33-1219808 . | | | | FrontierMEDEX US. Inc. | DE | NIA | | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | 52-2230470 | | | | FrontierMEDEX. Inc. | MN | NIA | FrontierMEDEX US. Inc. | Ownership. | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | 37-0855360 . | | | | Golden Rule Financial Corporation | DE | NIA | UnitedHealth Group Incorporated | Ownership. | 100.000 | UnitedHealth Group Incorporated | |
| 0707 | UnitedHealth Group Incorporated | 62286 | 37-6028756 . | 3057283 | | | Golden Rule Insurance Company | IN | IA | Golden Rule Financial Corporation | Ownership. | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | 98-0213198 | | | | H&W Indemnity (SPC), Ltd. | CYM | NIA | UnitedHealth Group Incorporated | Ownership. | 100.000 | UnitedHealth Group Incorporated | |
| 0707 | UnitedHealth Group Incorporated | 43893 | 13-3584296 | | | | Health Net Insurance of New York, Inc. | NY | IA | Oxford Health Plans LLC | Ownership. | 100.000 | UnitedHealth Group Incorporated | |
| 0707 | UnitedHealth Group Incorporated | 95968 | 06-1084283 | | | | Health Net of Connecticut, Inc. | CT | IA | Oxford Health Plans LLC | Ownership. | 100.000 | UnitedHealth Group Incorporated | |
| 0707 | UnitedHealth Group Incorporated | 95351 | 22-3241303 . | | | | Health Net of New Jersey, Inc. | VI | IA | FOHP. Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| 0707 | UnitedHealth Group Incorporated | 95305 | 06-1174953 | | | | Health Net of New York, Inc. | NY | IA | Oxford Health Plans LLC | Ownership | .100.000 | UnitedHealth Group Incorporated | |
| 0101 | on touriearth droup incorporated | 00000 | 98-0153069 | | | | Health Net Services (Bermuda) Ltd. | BMU | NIA | Oxford Health Plans LLC | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| 0707 | UnitedHealth Group Incorporated | 96342 | 88-0201035 . | | | | Health Plan of Nevada, Inc. | NV | IA | Sierra Health Services, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| וווע | on teanearth droup incorporated | 00000 | 98-1098167 . | | | | Health Technology Analysts Pty Limited | NV AUS | NIA | OptumInsight, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | 95-4763349 . | | | | HealthAllies, Inc. | AUS DE | NIA | OptumHealth Holdings, LLC | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | | . 26-3936569 . | | | | HIT Securities Corporation | DE | NIA | | Ownership | .100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | | | | | | MA TN | | | Ownership | | JunitedHealth Crays Incorporated | |
| | | 00000 | . 20-8910978 . 20-8911466 . | | | | Hospice Inspiris Holdings, Inc. | IN TN | NIA | Inspiris, Inc. | Ownership | .100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | | | | | Hospice Inspiris of Pennsylvania, Inc. | | NIA | Hospice Inspiris Holdings, Inc. | | | UnitedHealth Group Incorporated | |
| | | 00000 | . 20-8911303 . | | | | Hospice Inspiris of Texas, Inc. | TN | NIA | | Ownership | | UnitedHealth Group Incorporated | |
| | | 00000 | . 82-0586676 . | | | | Hospice Inspiris, LLC | TN | NIA | FOR HEALTH OF ARIZONA, INC | Ownership | 100.000 | UnitedHealth Group Incorporated | |

| | | | | LAU I | IA - DE | AIL U | T INSURANCE | : пс | ノレレニ | NG COMPANY S | | | | |
|-----------|---------------------------------|---------|--------------|--------------|-----------------|----------|---------------------------------------|---------|-----------|---------------------------------------|-------------------|---------|--------------------------------------|------|
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| | | | | | Name of Se | curities | | | Relation- | | Board, | Owner- | | |
| | | | | | Exchar | | | Domi- | ship | | Management, | ship | | |
| | | NAIC | Federal | | if Publicly | | Names of | ciliary | to | | Attorney-in-Fact, | Provide | | |
| Group | | Company | ID | Federal | (U.S. | | Parent, Subsidiaries | Loca- | Reporting | Directly Controlled by | Influence, | Percen- | Ultimate Controlling | ļ |
| Code | Group Name | Code | Number | RSSD | CIK Internation | | Or Affiliates | tion | Entity | (Name of Entity/Person) | Other) | tage | Entity(ies)/Person(s) | * |
| 0000 | Group Hume | 0000 | Hamboi | TROOD | One internation | Jiidi) | OT 7 timated | tion | Linkly | Amil Assistência Médica Internacional | outor) | lago | Enary(100)/1 Green(0) | + |
| | | 00000 | | | | Hosni | tal Alvorada de Taguatinga Ltda | BRA | NIA | S.A | Ownership | 100.000 | UnitedHealth Group Incorporated | 9 |
| | | 00000 | | | | | Hospitais Privados de Portugal, | | INI /\ | 0.A. | Owner strip | | on teunearth Group moorporated | |
| | | 00000 | | | | | S.A | PRT | NIA | Amil International S.á.r.I. | Ownership | 100.000 | UnitedHealth Group Incorporated | ļ |
| | | | | | | | O.A. | | | HPP - Hospitais Privados de Portugal, | Owner strip. | | on teancartin aroup meorporatea | |
| | | 00000 | | | | HPP A | .C.E. | PRT | NIA | SGPS. S.A. | Ownership. | 70.000 | UnitedHealth Group Incorporated | 15 |
| | | 00000 | | | | | .C.E. | PRT | NIA | HPP Algarve, S.A. | Ownership | 6.000 | UnitedHealth Group Incorporated | 15 |
| | | 00000 | | | | | .C.E. | PRT | NIA. | HPP Lusiadas, S.A. | Ownership | | UnitedHealth Group Incorporated | 15 |
| | | 00000 | | 1 | | | .C.E. | PRT | NIA | HPP Viseu, S.A. | Ownership | | UnitedHealth Group Incorporated | 15 |
| | | 00000 | | 1 | | | .C.E. | PRT | NIA | HPP Saúde - Parcerias Cascais, S.A. | Ownership | 6.000 | UnitedHealth Group Incorporated | 15 |
| | | 00000 | | | | | .C.E. | PRT | NIA | HPP Boavista, S.A. | Ownership | | UnitedHealth Group Incorporated | 15 |
| | | | | | | | .V.L. | | | HPP - Hospitais Privados de Portugal, | Office Strip. | | on tealearth aroup moorporated | |
| | | 00000 | | | | HPP A | Igarve, S.A. | _PRT | NIA | SGPS, S.A. | Ownership | 100.000 | UnitedHealth Group Incorporated | ļ |
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| | | 00000 | | | | HPP R | oavista, S.A. | PRT | NIA | SGPS, S.A. | Ownership | 100.000 | UnitedHealth Group Incorporated | ļ |
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| | | 00000 | | | | HPP I I | usiadas, S.A. | PRT | NIA | SGPS. S.A. | Ownership | 100.000 | UnitedHealth Group Incorporated | ļ |
| | | | | | | | doruddo, o.n | | | HPP - Hospitais Privados de Portugal, | omor on p | | on tourourth droup moorporated | |
| | | 00000 | | | | HPP S | aúde - Parcerias Cascais, S.A | PRT | NIA | SGPS. S.A. | Ownership | 100.000 | UnitedHealth Group Incorporated | ļ |
| | | | | | | | | | | HPP - Hospitais Privados de Portugal, | owner our p. | | on touriour in aroup moorporatou | |
| | | 00000 | | | | HPP V | iseu. S.A. | PRT | NIA | SGPS. S.A. | Ownership | 65.000 | UnitedHealth Group Incorporated | 16 |
| | | 00000 | 26-2912304 | | | | ica. Inc. | DE | NIA | United HealthCare Services, Inc. | Ownership. | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | 36-4331825 | | | | a Corporation | DE | NIA | UnitedHealth International, Inc. | Ownership | | UnitedHealth Group Incorporated | |
| | | 00000 | 41-1917398 | | | | a Corporation (Ontario) | _CAN | NIA | UnitedHealth Group International L.P. | Ownership | | UnitedHealth Group Incorporated | |
| | | | | | | | Star Serviços Médicos e Odontológicos | | | om tourout a sup monatona 2 | | | om touriour tir droup moorporated | |
| | | 00000 | | | | Ltda. | | BRA | NIA | Amico Saúde Ltda. | Ownership | 50.000 | UnitedHealth Group Incorporated | 17 |
| | | | | | | | Star Serviços Médicos e Odontológicos | | | Amil Assistência Médica Internacional | | | om touriour tir droup most por a tou | |
| | | 00000 | | | | Ltda. | | BRA | NIA | S.A | Ownership | 50.000 | UnitedHealth Group Incorporated | 17 |
| | | | | | | | endent Physician Management Services, | | | | | | | |
| | | 00000 | 27-4603968 | | | Inc. | , | DE | NIA | Collaborative Care Holdings, LLC | Ownership. | 100.000 | UnitedHealth Group Incorporated | . |
| | | 00000 | 86-0477097 | | | | mation Network Corporation | AZ | NIA | AmeriChoice Corporation | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | | | | | | | | | North American Medical Management - | | | | |
| | | 00000 | 36-4733428 | | | Infor | med Choice HealthCare Alliance, Inc | IL | NIA | Illinois, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated | . |
| <u>[]</u> | | 00000 | 98-1094872 | | | Ingen | ix Innovus (Netherlands) B.V. | NLD | NIA | Optum, Inc. | Ownership | | UnitedHealth Group Incorporated | . |
| | | 00000 | 98-0644599 | | | | ix UK Holdings Limited | GBR | NIA | Optum, Inc | Ownership | | UnitedHealth Group Incorporated | .] |
| | | 00000 | 62-1641102 | | | | m & Associates, LLC | TN | NIA | Payment Resolution Services, LLC | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | 13-4138668 | | | | RIS of New York IPA, Inc | NY | NIA | Inspiris, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | 13-4138665 | | | | RIS of New York Management, Inc | NY | NIA | Inspiris, Inc. | Ownership. | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | 20-5355196 | | | | ris of Tennessee, Inc | TN | NI A | Inspiris, Inc. | Ownership | | UnitedHealth Group Incorporated | |
| | | 00000 | 26-2885572 | | | | RIS of Texas Physician Group | TX | NIA | Inspiris Services Company | Ownership | | UnitedHealth Group Incorporated | |
| | | 00000 | 26-0683057 | . | | Inspi | ris Services Company | TN | NIA | Inspiris, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | 33-0766366 | . | | | ris, Inc | DE | NIA | Collaborative Care Holdings, LLC | Ownership | 100.000 | UnitedHealth Group Incorporated | . |
| | | | | | | Inter | national Psychological Services Pty | | | | | | | |
| | | 00000 | 98-1097022 | . | | Limit | ed | AUS | NIA | PPC Worldwide Pty Ltd | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | 45-3143218 | | | Lifep | rint East, Inc. | DE | NIA | Collaborative Care Holdings, LLC | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | 27-2309024 . | | | Lifep | rint Health, Inc | DE | NI A | Collaborative Care Holdings, LLC | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | 05-0471309 | | | | houseMD, Inc. | RI | NI A | OptumInsight, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | 39-1974851 | | | | tics Health, Inc. | WI | NIA | OptumHealth Holdings, LLC | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | 91-1263758 | | | | Medical Systems, Inc | WA | NIA | Picis, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | 52-2129787 | . | | | Insurance Resources, LLC | MD | NIA | OneNet PPO, LLC | Ownership | | UnitedHealth Group Incorporated | . |
| 0707 l | UnitedHealth Group Incorporated | 60321 | 52-1803283 | . | | MAMS I | Life and Health Insurance Company | MD | IA | United HealthCare Services, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated | . |

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| | | | | | | | | | | | (Ownership, | is | | |
| | | | | | | Name of Securities | | | Relation | n- | Board, | Owner- | | |
| | | | | | | Exchange | | Domi- | ship | | Management, | ship | | |
| | | NAIC | Federal | | | if Publicly Traded | Names of | ciliary | to | | Attorney-in-Fact, | Provide | | |
| Group | | Company | ID | Federal | | (U.S. or | Parent, Subsidiaries | Loca- | Report | | Influence, | Percen- | Ultimate Controlling | |
| Code | Group Name | Code | Number | RSSD | CIK | International) | Or Affiliates | tion | Entity | | Other) | tage | Entity(ies)/Person(s) | * |
| | | 00000 | . 14-1782475 . | | | | Managed Physical Network, Inc. | NY | NIA | OptumHealth Care Solutions, Inc | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | | | | | | | | | North American Medical Management | | | | |
| | | 00000 | . 42-1741594 . | | | | MD Ops, Inc. | CA | NI A | | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| 0707 | .UnitedHealth Group Incorporated | 96310 | 52-1169135 . | | | | MD-Individual Practice Association, Inc | MD | IA | United HealthCare Services, Inc | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | | | | | Medekit.com Limited | GBR | NIA | FrontierMEDEX Limited | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | . 52-2178531 . | | | | MEDEX Insurance Services, Inc. | MD | NIA | FrontierMEDEX, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| 0707 | UnitedHealth Group Incorporated | 12756 | . 20-3391186 . | | | | Medica Health Plans of Florida, Inc | FL | IA | United HealthCare Services, Inc | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| 0707 | UnitedHealth Group Incorporated | 12155 | 01-0788576 . | | | | Medica HealthCare Plans, Inc | FL | IA | United HealthCare Services, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | | | | | | Medical Preparatory School of Allied | | | | | | | |
| | | 00000 | 26-4808018 . | | | | Health, LLC | TX | NIA | | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | . 32-0037402 . | | | | Medical Transportation Services, LLC | FL | NIA | United HealthCare Services, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | | | | | MHC Real Estate Holdings, LLC | CA | NIA | Monarch Management Services, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| 0707 | UnitedHealth Group Incorporated | 79480 | 35-1279304 . | | | | Midwest Security Life Insurance Company | WI | IA | | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | | | | | | | | | Polar II Fundo de Investmento em | | | | • |
| | | 00000 | | | | | Mind Solutions S.A. | BRA | NIA | Participacoes | Ownership | 85.500 | UnitedHealth Group Incorporated | 9 |
| | | 00000 | 86-0693199 | | | | Mohave Valley Hospital, Inc. | AZ | NIA | Southwest Medical Associates, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | | | | | Monarch Financial Services, LLC | CA | NIA | Monarach Management Services, Inc. | Ownership | 85.000 | UnitedHealth Group Incorporated | 2 |
| | | 00000 | 45-3142852 | | | | Monarch Management Services, Inc. | DE | NIA | | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | 20-3236839 . | | | | NAMM Holdings, Inc | DE | NIA | Aveta Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | 00 0004000 | | | | A.A.B.C. W | CA | | North American Medical Management | | 100 000 | | |
| 0707 | | 00000 | . 32-0284920 . | | | | NAMM West, Inc. | | NIA | | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| 0707 | UnitedHealth Group Incorporated | 95251 95123 | 76-0196559 . 65-0996107 . | | | | National Pacific Dental, Inc. | TX FL | IA | Dental Benefit Providers, Inc UnitedHealthcare. Inc. | Ownership | . 100.000 | UnitedHealth Group Incorporated | |
| 0707 | UnitedHealth Group Incorporated | 95123 | 20-4755277 | | | | Neighborhood Health Partnership, Inc Netwerkes, LLC | FL TN | IA NIA | Payment Resolution Services, LLC. | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | 20-4/332// | | | | Nevada Medical Services LLC | NV | NIANIA | Collaborative Care Services, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated UnitedHealth Group Incorporated | |
| 0707 | UnitedHealth Group Incorporated | 95758 | 88-0228572 | | | | Nevada Pacific Dental | NV | IA | Dental Benefit Providers, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| 101 | Jonnteunearth Group Incorporated | 93736 | 00-0220372 . | | | | North American Medical Management - | INV | I M | Dental Benefit Floviders, Inc | Owner Strip | | Jointeunearth Group Incorporated | |
| | | 00000 | 36-3984647 | | | | Illinois, Inc. | IL | NIA | NAMM Holdings, Inc | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | 30-3904047 . | | | | North American Medical Management | | NIA | NAMM HOTOTHYS, THE. | ownership | | Jointeunearth Group Incorporated | |
| | | 00000 | . 33-0673955 . | | | | California, Inc. | TN | NIA | NAMM Holdings, Inc. | Ownership. | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | . 88-0245121 | | | | Northern Nevada Health Network, Inc. | | NIA. | Sierra Health Services, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | - | 00000 | 52-2129786 | | | *************************************** | OneNet PPO, LLC | MD | NIA. | UnitedHealthcare Insurance Company | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| 0707 | UnitedHealth Group Incorporated | 96940 | 52-1518174 | | | | Optimum Choice, Inc. | MD | IA | United HealthCare Services, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | 02 1010171 | | | | Optum (Argentina) SRL | ARG | NIA. | Ingenix Innovus (Netherlands) B.V. | Ownership. | 90.000 | UnitedHealth Group Incorporated | 18 |
| | | 00000 | | | | | Optum (Argentina) SRL | ARG | NIA. | | Ownership. | 10.000 | UnitedHealth Group Incorporated | 18 |
| | | 00000 | | | | | Optum (France) SAS | FRA | NIA. | | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | | | | | Optum (Spain), S.A.U. | ESP | NIA. | | Ownership. | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | 47-0858534 | 3202702 | | | Optum Bank. Inc. | UT | NIA. | | Ownership. | .100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | 45-3142512 | | | | Optum Clinical Services, Inc. | DE | NIA | Collaborative Care Holdings, LLC | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | 04-3574101 | | | | Optum Government Solutions, Inc. | DE | NIA. | | Ownership. | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | 46-1615964 | | | | Optum Labs, Inc. | DE | NIA | Optum, Inc | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | 20-4581265 | | | | Optum Public Sector Solutions, Inc. | DE | NIA. | OptumInsight, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | 45-4683454 | | | | Optum Services, Inc. | DE | NIA | Optum, Inc | 0wnership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | 30-0580620 | 3119994 | | | Optum, Inc. | DE | NIA | United HealthCare Services, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | . 41-1591944 . | | | | OptumHealth Care Solutions, Inc. | MN | NIA | OptumHealth Holdings, LLC | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | . 47-0858530 . | | | | OptumHealth Financial Services, Inc | DE | NIA | OptumHealth Holdings, LLC | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | | | | | OptumHealth Holdings, LLC | DE | NIA | Optum, Inc | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | | | | | OptumHealth International B.V | NLD | NIA | Optum, Inc | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | 98-1097397 . | | | | OptumInsight (Canada) Inc. | CAN | NIA | OptumInsight, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | | | | | OptumInsight (Deutschland) GmbH | DEU | NIA | Ingenix Innovus (Netherlands) B.V. | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | | l | l | I | OptumInsight (Singapore) Pte. Ltd. | SGP | NIA | OptumInsight, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated | |

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| | | | | | Name of Secu | ities | | Relation- | | Board, | Owner- | |
| | | | | | Exchange | | Domi- | ship | | Management, | ship | |
| | | NAIC | Federal | | if Publicly Tra | | ciliary | to | | Attorney-in-Fact, | Provide | |
| Group | | Company | ID | Federal | (U.S. or | Parent, Subsidiaries | Loca- | Reporting | Directly Controlled by | Influence, | Percen- | Ultimate Controlling |
| Code | Group Name | Code | Number | RSSD | CIK Internation | | tion | Entity | (Name of Entity/Person) | Other) | tage | Entity(ies)/Person(s) * |
| | | 00000 | 98-1097261 | 11000 | | OptumInsight (Sweden) AB | SWE | NIA | Ingenix Innovus (Netherlands) B.V. | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | 00000 | 00 1007201 1 | | | OptumInsight Holdings, LLC | DE | NIA | Optum, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | 00000 | 98-1094659 | | | OptumInsight Italy S.r.I. | JTA | NIA | Ingenix Innovus (Netherlands) B.V. | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | 00000 | 98-1099715 | | | OptumInsight Korea LLC | KOR | NIA | Optum. Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | 00000 | 04-3383745 | | | OptumInsight Life Sciences, Inc. | DE | NIA | OptumInsiaht, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | 00000 | | | | OptumInsight Poland sp. z.o.o. | POL | NIA | Ingenix Innovus (Netherlands) B.V. | Ownership | 99.000 | UnitedHealth Group Incorporated19 |
| | | 00000 | | | | OptumInsight Poland sp. z.o.o. | P0L | NIA | OptumInsight, Inc. | Ownership | 1.000 | UnitedHealth Group Incorporated1919 |
| | | 00000 | 41-1858498 | | | OptumInsight, Inc. | DE | NIA | OptumInsight Holdings, LLC | Ownership | _100.000 | UnitedHealth Group Incorporated |
| | | 00000 | |] | | OptumRx Holdings, LLC | DE | NIA | Optum, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | 00000 | 20-0151096 . | | | OptumRx NY IPA, Inc. | NY | NIA | OptumRx, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | 00000 | 33-0441200 . |] | | OptumRx, Inc. | CA | NIA | OptumRx Holdings, LLC | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | | | | | , , | | | Amil Assistência Médica Internacional | | | |
| | | 00000 | | | | Orion Participações e Administração Ltda. | BRA | NIA | S.A. | Ownership | 100.000 | UnitedHealth Group Incorporated 20 |
| | | 00000 | | | | Orion Participações e Administração Ltda. | BRA | NIA | Amico Saúde Ltda. | Ownership | | UnitedHealth Group Incorporated 20 |
| | | 00000 | 41-1921007 . | | | Ovations, Inc. | DE | NIA | United HealthCare Services, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | 00000 | 06-1587795 . | | | Oxford Benefit Management, Inc. | CT | NIA | Oxford Health Plans LLC | Ownership | 100.000 | UnitedHealth Group Incorporated |
| <u>0</u> 707 Un | itedHealth Group Incorporated | 78026 | 22-2797560 | | | Oxford Health Insurance, Inc. | NY | IA | Oxford Health Plans (NY), Inc | Ownership | 100.000 | UnitedHealth Group Incorporated |
| 0707 Un | itedHealth Group Incorporated | 96798 | 06-1181201 . | | | Oxford Health Plans (CT), Inc | CT | IA | Oxford Health Plans LLC | Ownership | 100.000 | UnitedHealth Group Incorporated |
| 0707 Un | itedHealth Group Incorporated | 95506 | 22-2745725 . | | | Oxford Health Plans (NJ), Inc | NJ | I A | Oxford Health Plans LLC | Ownership | 100.000 | UnitedHealth Group Incorporated |
| 0707 Un | itedHealth Group Incorporated | 95479 | 06-1181200 . | | | Oxford Health Plans (NY), Inc. | NY | IA | Oxford Health Plans LLC | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | 00000 | 52-2443751 . | | | Oxford Health Plans LLC | DE | NIA | UnitedHealth Group Incorporated | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | | | | | PacifiCare Life and Health Insurance | | | | | | |
| | itedHealth Group Incorporated | 70785 | 35-1137395 . | | | Company | IN | IA | United HealthCare Services, Inc | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | itedHealth Group Incorporated | 84506 | 95-2829463 . | | | PacifiCare Life Assurance Company | CO | IA | United HealthCare Services, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | itedHealth Group Incorporated | 95617 | 94-3267522 . | | | PacifiCare of Arizona, Inc. | AZ | IA | United HealthCare Services, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | itedHealth Group Incorporated | 95434 | 84-1011378 . | | | PacifiCare of Colorado, Inc. | CO | IA | United HealthCare Services, Inc | Ownership | 100.000 | UnitedHealth Group Incorporated |
| 0707 Un | itedHealth Group Incorporated | 95685 | 86-0875231 . | | | PacifiCare of Nevada, Inc. | NV | I A | United HealthCare Services, Inc | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | | | | | Paularino Third Party Administrators, Inc. | | | | | | |
| | | 00000 | 33-0861832 . | | | | CA | NIA | For Health, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | 00000 | 62-1451147 . | | | Payment Resolution Services, LLC | TN | NIA | OptumInsight, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | 00000 | 98-1095799 | | | Personal Performance Consultants India | JND | NIA | OptumHealth International B.V. | Ownership | 00.000 | Heiter Hiller Little Connection on the sign of |
| | | 00000 | 98-1095799 . | | | Private Limited | UNU | NIA | OptumHealth International B.V. | _ Uwnersnip | 99.996 | UnitedHealth Group Incorporated 21 |
| | | 00000 | 98-1095799 . | | | | IND | NIA | Heider d Belevisie in a Heidel | Ownership | 0.004 | Heiter Hiller Little Connection on the sign of |
| | | | 90-1U95/99 . | | | Private Limited Personal Performance Consultants UK | UIV | NIA | United Behavioral Health | _ Uwrier Strip | 0.004 | UnitedHealth Group Incorporated 21 |
| | | 00000 | 98-1095879 . | | | Limited | GBR | NIA | PPC International, L.L.C. | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | 00000 | 80-0506053 | | | PHC Holdings of Florida, Inc. | TX | NIA | PHC Subsidiary Holdings, LLC | Ownership | | UnitedHealth Group Incorporated |
| | | 00000 | 35-2288416 | | | PHC Subsidiary Holdings, LLC | TX | NIA | United HealthCare Services, Inc. | Ownership | | UnitedHealth Group Incorporated |
| | | | 33 2200410 . | | | The substately horaligs, EEC | | | North American Medical Management - | Owner Strip | | John tedhearth droup meorporated |
| | | 00000 | 80-0654665 | | | Physician Care Partners, Inc. | IL | NIA | Illinois, Inc. | Ownership. | 100.000 | UnitedHealth Group Incorporated |
| | | 00000 | 00 0004000 _ | | | Physicians Choice Insurance Service, LLC | | NIA | Monarch Financial Services, LLC | Ownership | | UnitedHealth Group Incorporated 2 |
| | | | | | | Physicians Health Choice of New Mexico, | on | | monaron rinanerar ocivioco, EEO | Owner Strip. | 0.000 | Officearica till droup moorporated |
| 0707 Un | itedHealth Group Incorporated | 12977 | 32-0191973 . |] | | Inc. | NM | IA | PHC Subsidiary Holdings, LLC | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | itedHealth Group Incorporated | 11494 | 04-3677255 . | | | Physicians Health Choice of Texas, LLC | TX | IA | PHC Subsidiary Holdings, LLC | Ownership | | UnitedHealth Group Incorporated |
| | Sar Circulation por a cod | 00000 | 52-1162824 | | | Physicians Health Plan of Maryland, Inc. | MD | NIA | United HealthCare Services, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | 00000 | 36-4375169 | 3886791 | | Picis. Inc. | DE | NIA | OptumInsight, Inc. | Ownership. | . 100.000 | UnitedHealth Group Incorporated |
| | | 00000 | 98-1094849 | | | Picis, Ltd. | GBR | NIA | Picis. Inc. | Ownership. | 100.000 | UnitedHealth Group Incorporated |
| | | | | | | Polar II Fundo de Investimento em | | | UnitedHealthcare International IV | | | |
| ll | | 00000 | 98-1083164 |] | | Participações | BRA | NIA | S.á.r.l. | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | 00000 | 98-1098190 | | | Positive People Company | CHN | NIA | PPC International, L.L.C. | Ownership | | UnitedHealth Group Incorporated |
| | | 00000 | 20-2149493 | | | PPC International II, LLC | MO | NIA | United Behavioral Health | Ownership | 100.000 | UnitedHealth Group Incorporated |

| | | | | PAR | I IA | - DETAIL | . OF INSURANCE | = п(| JLDI | ING COMPANTS | | | |
|-------|----------------------------------|---------|----------------|---------|------|--------------------|---|----------|-------------|--|-------------------|----------|-------------------------------------|
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| | | | | | | Name of Securities | | | Relation- | | Board, | Owner- | |
| | | | | | | | | Domi | ship | • | | ship | |
| | | NIAIO | | | | Exchange | No 6 | Domi- | - 1 | | Management, | - 1 | |
| | | NAIC | Federal | | | if Publicly Traded | Names of | ciliary | to | 5: " 6 : " 1 | Attorney-in-Fact, | Provide | |
| Group | | Company | . ID | Federal | | (U.S. or | Parent, Subsidiaries | Loca- | Reporting | | Influence, | Percen- | Ultimate Controlling |
| Code | Group Name | Code | Number | RSSD | CIK | International) | Or Affiliates | tion | Entity | (Name of Entity/Person) | Other) | tage | Entity(ies)/Person(s) * |
| | | 00000 | 43-1747235 . | | | | PPC International, L.L.C. | MO | NI A | Optum, Inc | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | 00000 | 98-1097921 . | | | | PPC Worldwide Canada EAP Services Ltd | CAN | NIA | PPC International, L.L.C | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | | | | | | | | | International Psychological Services Pty | | | |
| | | 00000 | | | | | PPC Worldwide Pte. Ltd | SGP | NIA | Limited | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | | | | | | | | | Personal Performance Consultants UK | | | |
| | | 00000 | | | | | PPC Worldwide Pty Ltd | AUS | NIA | Limited | Ownership. | 100.000 | UnitedHealth Group Incorporated |
| | | 00000 | 75-2741619 | | | | ppoONE, Inc. | DE | NIA | United HealthCare Services, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | 00000 | 65-0683927 | | | | Preferred Care Partners Holding, Corp | FL | NIA | United HealthCare Services, Inc. | Ownership | _100.000 | UnitedHealth Group Incorporated |
| | | | 1 | | | | Preferred Care Partners Medical Group, | | | | , | | |
| | | 00000 | 26-1845018 | | | | Inc. | FL | NIA | Preferred Care Partners Holding, Corp | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | | 120 1010010 | | | | Preferred Care Partners Medical Group. | | | | 5 | | |
| 1 | | 00000 | 26-1845018 . | | | | Inc. | FL | NIA | Preferred Care Partners Holding, Corp | Ownership | 100.000 | UnitedHealth Group Incorporated |
| 0707 | UnitedHealth Group Incorporated | 11176 | 65-0885893 | | | | Preferred Care Partners, Inc. | | IA | Preferred Care Partners Holding, Corp | Ownership. | 100.000 | UnitedHealth Group Incorporated |
| 0101 | om tourour til droup moorporated | 00000 | 75-3265059 | | | | Premier Choice ACO, Inc. | CA | NIA | PrimeCare Medical Network, Inc. | Ownership. | 100.000 | UnitedHealth Group Incorporated |
| | | 00000 | 75 5205055 . | | | | Prime Community Care of Central Valley, | on | | | owner strip | 100.000 | Jointediearth dioup moorporated |
| | | 00000 | 75-3265056 | | | | Inc. | CA | NIA | PrimeCare Medical Network, Inc. | Ownership | 100,000 | UnitedHealth Group Incorporated |
| | | 00000 | 88-0253112 | | | | Prime Health, Inc. | NV | NIA | Sierra Health Services. Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | | | | | | | | | | | . | |
| | | 00000 | 33-0607478 . | | | | PrimeCare Medical Network, Inc. | CA | I A | NAMM Holdings, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | 00000 | 75-3265058 . | | | | PrimeCare of Banning-Beaumont, Inc. | CA | NI A | PrimeCare Medical Network, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | 00000 | . 87-0757397 . | | | | PrimeCare of Citrus Valley, Inc. | CA | NIA | PrimeCare Medical Network, Inc. | Ownership | 80.000 | 88 |
| | | 00000 | . 33-0674407 . | | | | PrimeCare of Corona, Inc. | CA | NI A | PrimeCare Medical Network, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | 00000 | . 33-0674401 . | | | | PrimeCare of Hemet Valley, Inc. | CA | NIA | PrimeCare Medical Network, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | 00000 | 33-0674408 . | | | | PrimeCare of Inland Valley, Inc. | CA | NIA | PrimeCare Medical Network, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | 00000 | 33-0674402 . | | | | PrimeCare of Moreno Valley, Inc | CA | NIA | PrimeCare Medical Network, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | 00000 | 75-3265060 | | | | PrimeCare of Pomona Valley, Inc. | CA | NIA | PrimeCare Medical Network, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | 00000 | 33-0674400 . | | | | PrimeCare of Redlands, Inc. | CA | NI A | PrimeCare Medical Network, Inc | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | 00000 | 33-0674404 . | | | | PrimeCare of Riverside, Inc | CA | NIA | PrimeCare Medical Network, Inc | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | 00000 | . 14-1915328 . | | | | PrimeCare of San Bernardino, Inc | CA | NIA | PrimeCare Medical Network, Inc | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | 00000 | 33-0698439 . | | | | PrimeCare of Sun City, Inc. | CA | NIA | PrimeCare Medical Network, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | 00000 | 33-0674409 . | | | | PrimeCare of Temecula, Inc. | CA | NIA | PrimeCare Medical Network, Inc | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | 00000 | 39-1579905 . | | | | ProcessWorks, Inc. | VI | NIA | UnitedHealthcare, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | | | | | | | | | Amil Assistência Médica Internacional | · | | |
| | | 00000 | | | | | Promarket Propaganda e Marketing Ltda | BRA | NIA | S.A | Ownership | 99.792 | UnitedHealth Group Incorporated1 |
| | | 00000 | | | | | Promarket Propaganda e Marketing Ltda | BRA | NIA | Amico Saúde Ltda. | Ownership | 0.208 | UnitedHealth Group Incorporated1 |
| | | 00000 | | | | | QSSI Technologies India Private Limited | JND | NIA | Quality Software Services, Inc. | Ownership | 99.900 | UnitedHealth Group Incorporated2 |
| | | 00000 | 52-2016292 | | | | Quality Software Services, Inc. | MD | NIA | OptumInsight, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | 00000 | 26-3168754 | | | | R&H Family Fitness Unlimited LLC | TX | NIA | WellMed Medical Management, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | 00000 | l | | | | Savvysherpa Asia, Inc. | PHL | NIA | UnitedHealth Group International B.V. | Ownership. | .100.000 | UnitedHealth Group Incorporated |
| | | 00000 | | | | | Savvysherpa Asia, LLC | MN | NIA | United HealthCare Services, Inc. | Ownership. | 100.000 | UnitedHealth Group Incorporated |
| | | 00000 | 98-1097769 | | | | ScriptSwitch Holdings Limited | GBR | NIA | Ingenix UK Holdings Limited | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | 00000 | 1 | | | | ScriptSwitch Limited | GBR | NIA | ScriptSwitch Holdings Limited | Ownership | .100.000 | UnitedHealth Group Incorporated |
| | | | | | | | | | | North American Medical Management - | P | | |
| | | 00000 | 20-4763091 . | | | | Senior Care Partners, Inc. | IL | NIA | Illinois. Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | | 20 4700001 . | | | | Sierra Health and Life Insurance Company, | | | | 011101 0111p | | Join touriour til droup moorporated |
| 0707 | UnitedHealth Group Incorporated | 71420 | 94-0734860 . | | | | Inc. | NV | IA | Sierra Health Services, Inc | Ownership | 100.000 | UnitedHealth Group Incorporated |
| 1010 | on teancartii droup incorporateu | 00000 | 88-0200415 | | | | Sierra Health Services. Inc. | NV | NIA | UnitedHealthcare. Inc. | Ownership. | 100.000 | UnitedHealth Group Incorporated |
| | | 00000 | 88-0254322 | | | | Sierra Health-Care Options, Inc. | NV | NIA | Sierra Health Services, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | 00000 | 88-0385705 | | | | Sierra Home Medical Products, Inc. | NV | NIA | Sierra Health Services, Inc | Ownership. | 100.000 | UnitedHealth Group Incorporated |
| | | 00000 | 88-0264562 | | | | | NV | | Sierra Health Services, Inc. | Ownership | | UnitedHealth Group Incorporated |
| | | | | | | | Sierra Nevada Administrators, Inc. | NV NV | NIA | | | 100.000 | |
| | | 00000 | . 88-0201420 . | | | | Southwest Medical Associates, Inc. | | NIA | Sierra Health Services, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated |
| , | | 00000 | 38-2609888 | | | | Southwest Michigan Health Network Inc | MI | NIA | UnitedHealthcare, Inc | Ownership | 100.000 | UnitedHealth Group Incorporated |

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| March Profess Profes | | | | | | | | | | | | (Ownership, | is | |
| Oracle Control Contr | | | | | | | Name of Securities | | | Relation | - | Board, | Owner- | |
| Corporation | | | | | | | Exchange | | Domi- | ship | | Management, | ship | |
| Code | | | NAIC | Federal | | | if Publicly Traded | Names of | ciliary | to | | Attorney-in-Fact, | Provide | |
| Second to Person (1.9) Second to Person (1.9) Life Company Life | Group | | Company | ID | Federal | | (U.Ś. or | Parent, Subsidiaries | Loca- | Reporting | Directly Controlled by | Influence, | Percen- | Ultimate Controlling |
| 1-2000 1 | Code | Group Name | Code | Number | RSSD | CIK | International) | Or Affiliates | tion | Entity | (Name of Entity/Person) | Other) | tage | Entity(ies)/Person(s) * |
| Section Sect | | | | | | | | Specialty Benefits, LLC | DE | NIA | United HealthCare Services, Inc | Ownership | 100.000 | |
| | | | | | | | | | | | | | | |
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| 1.5 | | | | | | | | | | | | | | UnitedHealth Group Incorporated |
| 1.000 | | | | | | | | | | | | | | |
| Miles | | | | | | | | | | | | | | |
| March 1900 | | | | | | | | | | | | | | |
| Page 11 Facts da Investigation or | | | | | | | | | | | | | | |
| 1.0000 | | - | | . 35-233 146U . | | | | UNU UI VAIITOFNIA | VA | IA | | Owner Ship | 100.000 | Juniteumeaith Group incorporated |
| Milestration Mile | | | 00000 | | | | | IHG Bracil Participaçãos C A | RD A | NIIA | | Ownership | 100 000 | UnitedHealth Group Incorporated |
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| Miles 1965 1967 | | | | | | | | | | | | | | |
| United beat to Group Incorporated 51520 55-598029 Universitat Information Company New York N. A. Contribution Holdings, I.C. Ownership 100,000 United beat to Group Incorporated 11526 | | | | | | | | | | | | | | |
| District All Forum Interport All District All Forum Interport Interport All Forum Interport All Forum Interport All Forum | 0707 | UnitedHealth Group Incorporated | | | | | | Unimerica Insurance Company | | | | | | |
| United part 1986 01-057140 Vor. No. No. No. United part No. United part No. No. United part United part No. United part No. United part No. United part | | | | | | | | | | | op tallinour til 110 ru 1190 ; 220 | | | |
| | 0707 | UnitedHealth Group Incorporated | 11596 | 01-0637149 | | | | | NY | IA | UnitedHealthcare Insurance Company | Ownership | _100.000 | UnitedHealth Group Incorporated |
| United Metal th Group Incorporated 19302 29-8651931 | | | 00000 | 25-1877716 . | | | | Unison Administrative Services, LLC | PA | NIA | Three Rivers Holdings, Inc. | Ownership | 100.000 | |
| United Health Group Incorporated 1932 29-985931 United Health Group Incorporated 1932 29-985931 United Health Group Incorporated 194-98967 United Health Group Incorporated 194-99667 United Heal | | | 00000 | 20-5917714 | | | | Unison Health Plan of Delaware, Inc | DE | I A | Three Rivers Holdings, Inc | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | | | | | | | Unison Health Plan of the Capital Area, | | | | | | , , |
| United Behavioral Health of New York, UP-A, Inc. UP | 0707 | UnitedHealth Group Incorporated | | | | | | Inc | | IA | Three Rivers Holdings, Inc | | | UnitedHealth Group Incorporated |
| 1.7.4. 1.0.000 | | | 00000 | 94-2649097 . | | | | | CA | NIA | OptumHealth Holdings, LLC | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | | | | | | | | | | | | | |
| United HealthCare Services, Inc. United HealthC | | | | | | | | | | | | | | |
| United Resource Networks IPA of New York Inc. N. N. N. N. N. N. N. | | | | | | | | | | | | | | |
| | | | | 41-1289245 . | 3410132 | | | | MN | UIP | UnitedHealth Group Incorporated | Ownership | 100.000 | UnitedHealth Group Incorporated |
| Description | | | 00000 | 00 0040000 | | | | | ADV. | ALLA | 0. 1 | 0 | 100 000 | 11.:4 |
| UnitedHealth Group Global Healthcare JRL NIA UnitedHealth Group International B.V. UnitedHealth Group International | | | | | | | | | | | | | | |
| Description Services Linited Linited Linited Services Linited Lini | | | 00000 | . 01-0538317 . | | | | | NE | NIA | United HealthCare Services, Inc. | Owner Sn I p | 100.000 | UnitedHearth Group Incorporated |
| UnitedHealth Group Global Services, Inc. PHL NIA UnitedHealth Group International B.V. Ownership | | | 00000 | 08_1007761 | | | | | IDI | NΙΔ | United HealthCare Services Inc | Ownership | 100 000 | UnitedHealth Group Incorporated |
| New York Stock Exchange | | | | | | | | | | | | | | |
| Description of the properties of the propertie | | | | 00 1007770 2 | | | New York Stock Exchange | onitounourth droup drough convisco, me. | | | officeated at our fitternational B.V. | 0#1101 0111p | | |
| UnitedHealth Group Information Services Private Limited UnitedHealth Group Information Services UnitedHealth Group Information Services Private Limited UnitedHealth Group Information Services Private Limited UnitedHealth Group Information Services Private Limited UnitedHealth Group Information B.V. UnitedHealth Group Informational B.V. UnitedHealth Group Informational Inc. Unnership UnitedHealth Group Informational B.V. UnitedHealth Group Informational Inc. Unnership UnitedHealth Group Informational B.V. UnitedHealth Group Informational Inc. Unnership UnitedHealth Group Informational Inc. UnitedHealth Group Informated | | | 00000 | 41-1321939 | l | | 1130K Exchange | UnitedHealth Group Incorporated | MN | UIP | | | | J |
| Private Limited JND NIA UnitedHealth Group International B.V. Ownership .99.370 UnitedHealth Group Incorporated UnitedHealth Group Information Services Private Limited JND NIA UnitedHealth International Inc. Ownership .99.370 UnitedHealth Group Incorporated .90.0000 UnitedHealth Group Incorporated .99.370 .99.370 .99.370 .99.370 .99.370 .99.370 .99.370 .99.370 .99.370 .99.370 .99.370 | | | | | | | | | | | | | | |
| UnitedHealth Group Information Services Private Limited UnitedHealth Group Information Services Private Limited UnitedHealth Group International B.V. NLD. NIA. UnitedHealth Group Incorporated UnitedHealth Group Incorporate | | | 00000 | 98-1093259 . | | | | Private Limited | JND | NIA | UnitedHealth Group International B.V | Ownership | 99.370 | |
| Private Limited | | | | | | | | | | | | | | . , |
| UnitedHealth Group International GP CYM NIA UnitedHealth Group Incorporated Ownership 100.000 UnitedHealth Group Incorporated Ownership 92.970 UnitedHealth Group Incorporated UnitedHealth Group International L.P. CYM NIA FMG Holdings, LLC UnitedHealth Group International LATAM Ownership 2.300 UnitedHealth Group Incorporated UnitedHealth Group International L.P. CYM NIA Hygeia Corporation Ownership 0.330 UnitedHealth Group Incorporated UnitedHealth Group International L.P. CYM NIA UnitedHealth Group Incorporated Ownership 0.330 UnitedHealth Group Incorporated UnitedHealth Group Inc | | | | 98-1093259 . | | | | Private Limited | | | | | | |
| UnitedHealth Group International L.P. CYM. NIA UnitedHealth Group Incorporated UnitedHealth Group Incorporated UnitedHealth Group International L.P. CYM. NIA FMG Holdings, LLC Ownership 4.410 UnitedHealth Group Incorporated UnitedHealth Group International L.P. CYM. NIA Hygia Corporation Ownership 2.300 UnitedHealth Group Incorporated UnitedHealth Group International L.P. CYM. NIA Hygia Corporation Ownership 0.330 UnitedHealth Group Incorporated UnitedHealth Military & Veterans Services, LLC DE NIA United HealthCare Services, Inc. Ownership 100.000 UnitedHealth Group Incorporated UnitedHealth UnitedHealth Group Incorporated United | | | | | | | | | | | | | | |
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| UnitedHealth Group International L.P. CYM. NIA Corporation Ownership 2.300 UnitedHealth Group Incorporated Ownership 0.330 UnitedHealth Group Incorporated Ownership 1.00.000 UnitedHealth Group Incorporated UnitedHealth Military & Veterans Services, Inc. Ownership 1.00.000 UnitedHealth Group Incorporated UnitedHealth UnitedHea | | | | | | | | | | | | | | UnitedHealth Group Incorporated4 |
| UnitedHealth Group International L.P. CYM. NIA. Corporation Ownership. 2.300 UnitedHealth Group Incorporated L.P. CYM. NIA. Hygeia Corporation Ownership. 0.330 UnitedHealth Group Incorporated UnitedHealth Group Ventures, LLC DE NIA. UnitedHealth Group Incorporated Ownership. 100.000 UnitedHealth Group Incorporated UnitedHealth Group Incorporated Ownership. 100.000 UnitedHealth Group Incorporated UnitedHealth Military & Veterans Services, Inc. Ownership. 100.000 UnitedHealth Group Incorporated UnitedHealth Military & Veterans Services, Inc. Ownership. 100.000 UnitedHealth Group Incorporated UnitedHea | | | 00000 | 98-1080118 . | | | | UnitedHealth Group International L.P. | CYM | NIA | | Ownership | 4.410 | UnitedHealth Group Incorporated4 |
| UnitedHealth Group International L.P. CYM. NIA. Hygeia Corporation Ownership 0.330 UnitedHealth Group Incorporated UnitedHealth Group Ventures, LLC DE NIA. UnitedHealth Group Incorporated Ownership 1.00.000 UnitedHealth Group Incorporated UnitedHealth Group Incorporated UnitedHealth Group Incorporated UnitedHealth Military & Veterans Services, LLC DE NIA. UnitedHealth Group Incorporated UnitedHealth Group Incorporated UnitedHealth Military & Veterans Services, LLC DE NIA United Health Group Incorporated UnitedHealth Group Incorporated U | | | 00000 | 00 4000446 | | | | III. I A . III I A I A | 0)41 | A-1-4 | | 0 | 0.000 | Heit alle Ith Occur Io |
| UnitedHealth Group Ventures, LLC DE NIA UnitedHealth Group Incorporated Ownership | | | | | | | | | | | | | | |
| UnitedHealth International, Inc. DE NIA UnitedHealth Group Incorporated Ownership | | | | . 8110801-08 | | | | | | | | | | |
| UnitedHealth Military & Veterans Services, LLC | | | | /1_1017309 | | | | | | | | | | |
| | | | 00000 | . 71 131/330 . | | | | | | NIM | | omior attip | 100.000 | Join tearlearth droup meorporated |
| UnitedHealth UK Limited | | | 00000 | 26-2574977 | | | | | DF | NIA | United HealthCare Services Inc | Ownership | 100 000 | UnitedHealth Group Incorporated |
| | | | | | | | | | | | | | | |
| I 0707 UnitedHealth Group Incorporated I 95174 133-0115163 I I UnitedHealth Care Benefits of Texas, Inc. TX IA United HealthCare Services, Inc. Ownership 100 000 UnitedHealth Group Incorporated | 0707 | UnitedHealth Group Incorporated | 95174 | 33-0115163 | | | | UnitedHealthcare Benefits of Texas, Inc. | TX | IA | United HealthCare Services, Inc. | Ownership | | UnitedHealth Group Incorporated |

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| | | | | | | | | | | | (Ownership, | is | | |
| | | | | | | Name of Securities | | | Relation- | | Board. | Owner- | | |
| | | | | | | Exchange | | Domi- | ship | | Management, | ship | | |
| | | NAIC | Federal | | | if Publicly Traded | Names of | ciliary | to | | Attorney-in-Fact, | Provide | | |
| Group | | Company | ID | Federal | | (U.Š. or | Parent, Subsidiaries | Loca- | Reporting | Directly Controlled by | Influence, | Percen- | Ultimate Controlling | |
| Code | Group Name | Code | Number | RSSD | CIK | International) | Or Affiliates | tion | Entity | (Name of Entity/Person) | Other) | tage | Entity(ies)/Person(s) | * |
| | | | | | | | UnitedHealthcare Community Plan of | | | | | | | |
| | | 00000 | | | | | California, Inc. | | NIA | AmeriChoice Corporation | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | | | | | | UnitedHealthcare Community Plan of Ohio, | | | | | | | |
| 0707 | UnitedHealth Group Incorporated | 12323 | . 56-2451429 . | | | | Inc. | H | IA | Three Rivers Holdings, Inc | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | | | | | | UnitedHealthcare Community Plan of Texas, | | | | | | | |
| 0707 | UnitedHealth Group Incorporated | 11141 | 91-2008361 . | | | | L.L.C. | TX | IA | Ovations, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| 0707 | UnitedHealth Group Incorporated | 95467 | 38-3204052 ₋ 98-1099116 ₋ | | | | UnitedHealthcare Community Plan, Inc UnitedHealthcare India Private Limited | MI JND | IA NIA | AmeriChoice CorporationUnitedHealthcare International II B.V. | Ownership | 100.000 99.995 | UnitedHealth Group Incorporated UnitedHealth Group Incorporated | 5 |
| | | 00000 | 98-1099116 | | | | UnitedHealthcare India Private Limited | IND | NIA | UnitedHealth International, Inc. | Ownership | 0.005 | UnitedHealth Group Incorporated | 5 |
| 0707 | UnitedHealth Group Incorporated | 79413 | 36-2739571 | | | | UnitedHealthcare Insurance Company | CT | IA | UHIC Holdings, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| 1010 | Jointednearth droup moorporated | 134 10 | . 00 2/030/1 | | | | UnitedHealthcare Insurance Company of | 01 | I // | diffe floratings, flic. | owner sirrp | | on teunearth droup moorporated | |
| 0707 | UnitedHealth Group Incorporated | 60318 | 36-3800349 . | | | | Illinois | П | IA | UnitedHealthcare Insurance Company | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | on touriour in aroup more per arou | | | | | | UnitedHealthcare Insurance Company of New | | | - Company | | | om touriour in aroup morriporation | |
| 0707 | UnitedHealth Group Incorporated | 60093 | 11-3283886 . | | | | York | NY | IA | UnitedHealthcare Insurance Company | Ownership | .100.000 | UnitedHealth Group Incorporated | |
| | | | | | | | UnitedHealthcare Insurance Company of the | | | UnitedHealthcare Services Company of the | | - | | |
| 0707 | UnitedHealth Group Incorporated | 12231 | 20-1902768 | | | | River Valley | IL | IA | River Valley, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | 41-1988797 | | | | UnitedHealthcare International Asia, LLC | DE | NIA | UnitedHealth Group Incorporated | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | | | | | UnitedHealthcare International I B.V | NLD | NIA | UnitedHealth Group International L.P | Ownership | 75.760 | UnitedHealth Group Incorporated | |
| | | 00000 | | | | | UnitedHealthcare International I B.V | NLD | NIA | UnitedHealth Group International L.P | Ownership | 75.760 | UnitedHealth Group Incorporated | 6 |
| | | 00000 | | | | | UnitedHealthcare International I B.V | NLD | NIA | UnitedHealth Group International B.V | Ownership | 24.240 | UnitedHealth Group Incorporated | 6 |
| | | 00000 | 98-1079595 . | | | | UnitedHealthcare International I S.á.r.l. | LUX | | UnitedHealth Group International L.P | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | | | | | UnitedHealthcare International II B.V. | NLD | NIA | UnitedHealth Group International B.V | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | 00 4070450 | | | | UnitedHealthcare International II S.á.r.I. | LUV | NILA | UnitedHealthcare International I | O manuful: | 100 000 | Hait all a lite on a large and a | |
| | | 00000 | 98-1079459 | | | | UnitedHealthcare International III | LUX | NIA | S.á.r.IUnitedHealthcare International II | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | 98-1077436 | | | | S.á.r.I. | LUX | NIA | S.á.r.l. | Ownership | .100.000 | UnitedHealth Group Incorporated | |
| | | 00000 | . 30-10//430 . | | | | UnitedHealthcare International IV S.á.r.l. | LUA | NI / | UnitedHealthcare International II | owner sirrp | 100.000 | on teunearth droup incorporated | |
| | | 00000 | 98-1080926 . | | | | officed learthcare international iv o.a.i.i. | _LUX | NIA | S.á.r.l. | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| | | | . 00 1000020 : | | | | UnitedHealthcare International LATAM | | | 0.4.1.11 | | | om touriour the droup moorporatou | |
| | | 00000 | 99-0382287 | | | | Corporation | DE | NIA | UnitedHealth Group Incorporated | Ownership. | 100.000 | UnitedHealth Group Incorporated | |
| 0707 | UnitedHealth Group Incorporated | 97179 | 86-0207231 . | | | | UnitedHealthcare Life insurance Company | WI | IA | Golden Rule Financial Corporation | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| 0707 | UnitedHealth Group Incorporated | 95784 | 63-0899562 | | | | UnitedHealthcare of Alabama, Inc. | AL | IA | UnitedHealthcare, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| 0707 | UnitedHealth Group Incorporated | 96016 | 86-0507074 . | | | | UnitedHealthcare of Arizona, Inc. | AZ | IA | UnitedHealthcare, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| 0707 | UnitedHealth Group Incorporated | 95446 | 63-1036819 | | | | UnitedHealthcare of Arkansas, Inc | AR | | UnitedHealthcare, Inc | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| 0707 | UnitedHealth Group Incorporated | 95090 | 84-1004639 . | | | | UnitedHealthcare of Colorado, Inc. | 00 | IA | UnitedHealthcare, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| 0707 | UnitedHealth Group Incorporated | 95264 | . 59-1293865 . | | | | UnitedHealthcare of Florida, Inc. | FL | IA | UnitedHealthcare, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| 0707 | UnitedHealth Group Incorporated | 95850 | . 58-1653544 . | | | | UnitedHealthcare of Georgia, Inc. | GA | IA | UnitedHealthcare, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| 0707 | UnitedHealth Group Incorporated UnitedHealth Group Incorporated | 95776 | . 36-3280214 . 62-1240316 . | | | | UnitedHealthcare of Illinois, Inc. | IL KY | IAIA | UnitedHealthcare, Inc | Ownership | 100.000 | UnitedHealth Group Incorporated UnitedHealth Group Incorporated | 7 |
| 0707 | UnitedHealth Group Incorporated | 96644 | 62-1240316 . | | | | UnitedHealthcare of Kentucky, Ltd | KY | IA | United Healthcare, Inc. | Ownership | 5.820 | UnitedHealth Group Incorporated | 7 |
| 0707 | UnitedHealth Group Incorporated | 95833 | 72-1074008 | | | | UnitedHealthcare of Louisiana, Inc. | LA | IA | UnitedHealthcare, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| 0707 | UnitedHealth Group Incorporated | 95716 | 63-1036817 | | | | UnitedHealthcare of Mississippi, Inc. | MS | IA | UnitedHealthcare, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| 0707 | UnitedHealth Group Incorporated | 95149 | 05-0413469 | | | | UnitedHealthcare of New England, Inc. | RI | IA | United HealthCare Services, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| 0707 | UnitedHealth Group Incorporated | 13214 | 26-2697886 . | | | | UnitedHealthcare of New Mexico, Inc. | NM | IA | UnitedHealthcare Insurance Company | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| 0707 | UnitedHealth Group Incorporated | 95085 | 06-1172891 . | | | | UnitedHealthcare of New York, Inc. | NY | IA | AmeriChoice Corporation | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| 0707 | UnitedHealth Group Incorporated | 95103 | 56-1461010 . | | | | UnitedHealthcare of North Carolina, Inc | NC | IA | UnitedHealthcare, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| 0707 | UnitedHealth Group Incorporated | 95186 | 31-1142815 . | | | | UnitedHealthcare of Ohio, Inc. | OH | IA | United HealthCare Services, Inc | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| 0707 | UnitedHealth Group Incorporated | 96903 | 33-0115166 . | | | | UnitedHealthcare of Oklahoma, Inc | 0K | IA | United HealthCare Services, Inc | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| 0707 | UnitedHealth Group Incorporated | 95893 | 93-0938819 | | | | UnitedHealthcare of Oregon, Inc. | 0R | IA | United HealthCare Services, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| 0707 | UnitedHealth Group Incorporated | 95220 | 25-1756858 . | | | | UnitedHealthcare of Pennsylvania, Inc. | PA | IA | Three Rivers Holdings, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated | |
| 0707 | UnitedHealth Group Incorporated | 95765 | 95-3939697 | | | | UnitedHealthcare of Texas, Inc | ТХ | IA | UnitedHealthcare, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated | |

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 15 |
|----------|---|---------|----------------|---------|-----|--------------------|---|---------|-----------|--|-------------------|---------|---|
| | | | 1 | | | | | | | | Туре | lf | |
| | | | | | | | | | | | of Control | Control | |
| | | | | | | | | | | | (Ownership, | is | |
| | | | | | | Name of Securities | | | Relation- | | Board, | Owner- | |
| | | | | | | Exchange | | Domi- | ship | | Management, | ship | |
| | | NAIC | Federal | | | if Publicly Traded | Names of | ciliary | to | | Attorney-in-Fact, | Provide | |
| Group | | Company | ID | Federal | | (U.S. or | Parent, Subsidiaries | Loca- | Reporting | Directly Controlled by | Influence. | Percen- | Ultimate Controlling |
| Code | Group Name | Code | Number | RSSD | CIK | International) | Or Affiliates | tion | Entity | (Name of Entity/Person) | Other) | tage | Entity(ies)/Person(s) * |
| | | | | | _ | , | UnitedHealthcare of the Mid-Atlantic, Inc. | | | , | | - 3 | 13(11) |
| 0707 | UnitedHealth Group Incorporated | 95025 | . 52-1130183 . | | | | Sin touriou tirouro or tiro internativo, internativo, | . MD | IA | UnitedHealthcare, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated |
| 0707 | UnitedHealth Group Incorporated | 95591 | 47-0676824 | | | | UnitedHealthcare of the Midlands. Inc. | NE | IA | UnitedHealthcare. Inc. | Ownership | | UnitedHealth Group Incorporated |
| | UnitedHealth Group Incorporated | 96385 | 43-1361841 | | | | UnitedHealthcare of the Midwest. Inc. | MO | IA | UnitedHealthcare, Inc. | Ownership | | UnitedHealth Group Incorporated |
| | UnitedHealth Group Incorporated | | 41-1488563 | | | | UnitedHealthcare of Utah. Inc. | UT | IA | UnitedHealthcare, Inc. | Ownership | | UnitedHealth Group Incorporated |
| | UnitedHealth Group Incorporated | 48038 | 91-1312551 | | | | UnitedHealthcare of Washington, Inc. | WA | IA | United HealthCare Services, Inc. | Ownership | | UnitedHealth Group Incorporated |
| | UnitedHealth Group Incorporated | | 39-1555888 | | | | UnitedHealthcare of Wisconsin. Inc. | WI | IA | UnitedHealthcare. Inc. | Ownership | | UnitedHealth Group Incorporated |
| | om tourour tri droup moor por a tou | | | | | | UnitedHealthcare Plan of the River Valley, | | | UnitedHealthcare Services Company of the | | | |
| 0707 | UnitedHealth Group Incorporated | 95378 | 36-3379945 | | | | Inc | ' l 11 | IA | River Valley, Inc. | Ownership | 100 000 | UnitedHealth Group Incorporated |
| | om tourious till all out moor por a tou | 00000 | 47-0854646 | | | | UnitedHealthcare Service LLC | DE | NIA | UnitedHealthcare Insurance Company | Ownership | | UnitedHealth Group Incorporated |
| | | | 1 | | | | UnitedHealthcare Services Company of the | | | | | | |
| | | 00000 | . 36-3355110 . | | | | River Valley, Inc. | DE | NIA | UnitedHealthcare, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | 00000 | 01-0518346 | | | | UnitedHealthcare Specialty Benefits, LLC | ME | NIA | Specialty Benefits, LLC | Ownership | | UnitedHealth Group Incorporated |
| | | 00000 | 41-1922511 | | | | UnitedHealthcare, Inc. | DE | UDP | United HealthCare Services. Inc. | Ownership | | UnitedHealth Group Incorporated |
| | | 00000 | 37-0920164 | | | | UnitedHealthOne Agency, Inc. | IN | NIA | Golden Rule Financial Corporation | Ownership | | UnitedHealth Group Incorporated |
| | | 00000 | 87-0757396 | | | | Valley Physicians Network, Inc. | CA | NIA | PrimeCare Medical Network, Inc. | Ownership | | UnitedHealth Group Incorporated |
| | | | | | | | WellMed Medical Management of Florida, | | | | | | , |
| <u> </u> | | 00000 | 74-2797745 | | | | Inc | FL | NIA | WellMed Medical Management, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | 00000 | 74-2786364 | | | | WellMed Medical Management, Inc. | TX | NIA | Collaborative Care Holdings, LLC | Ownership | 80.000 | UnitedHealth Group Incorporated8 |
| | | 00000 | 36-3437660 | | | | Wellness, Inc. | IL | NIA | OptumHealth Care Solutions, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | 00000 | 52-2102846 | | | | XLHealth Corporation | MD | NIA | United HealthCare Services, Inc. | Ownership | | UnitedHealth Group Incorporated |
| | | | | | | | XLHealth Corporation India Private Limited | d | | , | , | | , |
| | | 00000 | | | | | | JND | NIA | XLHealth Corporation | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | | | | | | Your Health Options Insurance Services, | | | | | | |
| | | 00000 | 11-3764012 | | | | Inc. | CA | NIA | PrimeCare Medical Network, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | | | | | | | | | North American Medical Management - | | | |
| <u> </u> | | 00000 | 27-0172594 | | | | Your Partners in Health Services, Inc | IL | NIA | Illinois, Inc. | Ownership | 100.000 | UnitedHealth Group Incorporated |
| | | | | | | | 1 | | | , | | | |

| Asterisk | Explanation |
|----------|---|
| 01 | The remaining 0.208% is owned by Amico Saúde Ltda. |
| 02 | The remaining percent is owned by outside parties. |
| 03 | The remaining 0.63% is owned by UnitedHealth International, Inc. |
| 04 | The limited partners include FMG Holdings, LLC (4.41%), UnitedHealthcare International LATAM Corporation (2.3%), Hygeia Corporation (DE) (0.33%) and UnitedHealth Group Incorporated (92.97%). The general partner is UnitedHealth Group International GP. |
| 05 | The remaining 0.0048% is owned by UnitedHealth International, Inc. |
| 06 | The remaining 24.24% is owned by UnitedHealth Group International B.V. |
| 07 | The general partnership interest of 89.77% is held by United HealthCare Services, Inc. (UHS) and 10.23% is held by UnitedHealthcare, Inc. (UHC). UHS also holds 100% of the limited partnership interests. When combining general and limited partner interests, UHS owns 94.18% and UHC owns 5.83% |
| 08 | The remaining percent is owned by a non-affiliated company. |
| 09 | The remaining percent is owned by Amil's founders. |
| 10 | The remaining 1.30196% is owned by Amico Saúde Ltda.and an officer of Amil owns 0.00683% |
| 11 | The remaining 33.7727% is owned by Amico Saúde Ltda. and 12.9384% by Esho — Empresa de Serviços Hospitalares S.A. |
| 12 | The remaining 0.01% is owned by Cemed Care Empressa de Atendimento Clínico Geral Ltda. |
| 13 | The remaining 2.8% is owned by Amico Saúde Ltda. |
| 14 | The remaining 0.224917% is owned by Amico Saúde Ltda.; 0.094901% by Treasury Shares and 2.4% owned by external shareholders. |
| 15 | The remaining 30% is owned by (owning 6% each): HPP Boavista, S.A., HPP Lusiadas, S.A., HPP Algarve, S.A., HPP Saúde - Parcerias Cascais, S.A., and HPP Viseu, S.A. |
| 16 | The remainig 35% is owned by non-affiliated Portuguese companies. |
| 17 | The remaining 50% is owned by Amico Saúde Ltda. |
| 18 | The remaining 10% is owned by ScriptSwitch Holdings Limited. |
| 19 | The remaining 1% is owned by OptumInsignt, Inc. |
| 20 | The remaining 0.000021% is owned by Amico Saúde Ltda. |

| | · · · · · · · · · · · · · · · · · · · |
|----|--|
| As | erisk Explanation |
| 21 | The remaining 0.004 % is owned by United Behavioral Health. |
| | The Tolling Code is to Similar by |
| | |

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

| | | - | Response |
|----|--|-----------------------------------|----------|
| 1. | Will the Medicare Part D Coverage Supplement be filed with the state of domicile a | and the NAIC with this statement? | NO |
| | Explanation: | | |
| 1. | The Company has no Medicare Supplement business. | | |
| 1. | Bar Code: Medicare Part D Coverage Supplement [Document Identifier 365] | | |

OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A - VERIFICATION

Real Estate

| | | 1 | 2 |
|-----|---|--------------|------------------|
| | | | Prior Year Ended |
| | | Year to Date | December 31 |
| 1. | Book/adjusted carrying value, December 31 of prior year | | |
| 2. | Cost of acquired: | | |
| | 2.1 Actual cost at time of acquisition | | |
| | 2.2 Additional investment made after acquisition | | |
| 3. | Current year change in encumbrances | | |
| 4. | Total gain (loss) on disposals | | |
| 5. | Deduct amounts received on disposals | | |
| 6. | Total foreign exchange change in book/adjusted arrying the | | |
| 7. | Deduct current year's other than temporary impairment recognized | | |
| 8. | Deduct current year's depreciation | | |
| 9. | Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) | | |
| 10. | Deduct total nonadmitted amounts | | |
| 11. | Statement value at end of current period (Line 9 minus Line 10) | | |

SCHEDULE B - VERIFICATION

Mortgage Loans

| | Mortgage Loans | 1 | 2 |
|-----|---|--------------|------------------|
| | | | Prior Year Ended |
| | | Year to Date | December 31 |
| 1. | Book value/recorded investment excluding accrued interest, December 31 of prior year | - | |
| 2. | Cost of acquired: | | |
| | 2.1 Actual cost at time of acquisition | | |
| | 2.2 Additional investment made after acquisition | | |
| 3. | Capitalized deferred interest and other | | |
| 4. | Accrual of discount | | |
| 5. | Unrealized valuation increase (decrease) | | |
| 6. | Total gain (loss) on disposals | | |
| 7. | Deduct amounts received on disposals | | |
| 8. | Deduct amortization of premium and mortgage in trest political and ammitmer dees | | |
| 9. | Total foreign exchange change in book value/recorded investment excretely accrued interest | | |
| 10. | Deduct current year's other than temporary impairment recognized | | |
| 11. | Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) | | |
| 12. | Total valuation allowance | | |
| 13. | Subtotal (Line 11 plus Line 12) | | |
| 14. | Deduct total nonadmitted amounts | | |
| 15. | Statement value at end of current period (Line 13 minus Line 14) | | |

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

| 1 Book/adjusted carrying value, December 31 of prior year 2. Cost of acquired: 2.1 Actual cost at time of acquisition 2.2 Additional investment made after acquisition 3. Capitalized deferred interest and other 4. Accrual of discount 5. Unrealized valuation increase (decrease) 6. Total gain (loss) on disposals 7. Deduct amounts received on disposals 8. Deduct amortization of premium and depreciation 9. Total foreign exchange change in book/adjusted carrying value 10. Deduct current year's other than temporary impairment recognized 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) 12. Deduct total nonadmitted amounts 13. Statement value at end of current period (Line 11 minus Line 12) | | Other Edity-Term invested Assets | | |
|---|-----|--|--------------|-------------|
| 1. Book/adjusted carrying value, December 31 of prior year 2. Cost of acquired: 2.1 Actual cost at time of acquisition 2.2 Additional investment made after acquisition 3. Capitalized deferred interest and other 4. Accrual of discount 5. Unrealized valuation increase (decrease) 6. Total gain (loss) on disposals 7. Deduct amounts received on disposals 8. Deduct amortization of premium and depreciation 9. Total foreign exchange change in book/adjusted carrying value 10. Deduct current year's other than temporary impairment recognized 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) 12. Deduct total nonadmitted amounts | | | 1 | 2 |
| 1. Book/adjusted carrying value, December 31 of prior year 2. Cost of acquired: 2.1 Actual cost at time of acquisition 2.2 Additional investment made after acquisition 3. Capitalized deferred interest and other 4. Accrual of discount 5. Unrealized valuation increase (decrease) 6. Total gain (loss) on disposals 7. Deduct amounts received on disposals 8. Deduct amortization of premium and depreciation 9. Total foreign exchange change in book/adjusted carrying value 10. Deduct current year's other than temporary impairment recognized 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) 12. Deduct total nonadmitted amounts | | | Vereite Bete | |
| 2. Cost of acquired: 2.1 Actual cost at time of acquisition 2.2 Additional investment made after acquisition 3. Capitalized deferred interest and other 4. Accrual of discount 5. Unrealized valuation increase (decrease) 6. Total gain (loss) on disposals 7. Deduct amounts received on disposals 8. Deduct amortization of premium and depreciation 9. Total foreign exchange change in book/adjusted carrying value 10. Deduct current year's other than temporary impairment recognized 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) 12. Deduct total nonadmitted amounts | | | | December 31 |
| 2.1 Actual cost at time of acquisition 2.2 Additional investment made after acquisition 3. Capitalized deferred interest and other 4. Accrual of discount 5. Unrealized valuation increase (decrease) 6. Total gain (loss) on disposals 7. Deduct amounts received on disposals 8. Deduct amortization of premium and depreciation 9. Total foreign exchange change in book/adjusted carrying value 10. Deduct current year's other than temporary impairment recognized 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) 12. Deduct total nonadmitted amounts | 1. | Book/adjusted carrying value, December 31 of prior year | | |
| 2.2 Additional investment made after acquisition 3. Capitalized deferred interest and other 4. Accrual of discount 5. Unrealized valuation increase (decrease) 6. Total gain (loss) on disposals 7. Deduct amounts received on disposals 8. Deduct amortization of premium and depreciation 9. Total foreign exchange change in book/adjusted carrying value 10. Deduct current year's other than temporary impairment recognized 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) 12. Deduct total nonadmitted amounts | 2. | Cost of acquired: | | |
| 3. Capitalized deferred interest and other 4. Accrual of discount 5. Unrealized valuation increase (decrease) 6. Total gain (loss) on disposals 7. Deduct amounts received on disposals 8. Deduct amortization of premium and depreciation 9. Total foreign exchange change in book/adjusted carrying value 10. Deduct current year's other than temporary impairment recognized 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) 12. Deduct total nonadmitted amounts | | 2.1 Actual cost at time of acquisition | | |
| 4. Accrual of discount 5. Unrealized valuation increase (decrease) 6. Total gain (loss) on disposals 7. Deduct amounts received on disposals 8. Deduct amortization of premium and depreciation 9. Total foreign exchange change in book/adjusted carrying value 10. Deduct current year's other than temporary impairment recognized 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) 12. Deduct total nonadmitted amounts | | 2.2 Additional investment made after acquisition | | |
| 5. Unrealized valuation increase (decrease) 6. Total gain (loss) on disposals 7. Deduct amounts received on disposals 8. Deduct amortization of premium and depreciation 9. Total foreign exchange change in book/adjusted carrying value 10. Deduct current year's other than temporary impairment recognized 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) 12. Deduct total nonadmitted amounts | 3. | Capitalized deferred interest and other | | |
| 6. Total gain (loss) on disposals 7. Deduct amounts received on disposals 8. Deduct amortization of premium and depreciation 9. Total foreign exchange change in book/adjusted carrying value 10. Deduct current year's other than temporary impairment recognized 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) 12. Deduct total nonadmitted amounts | 4. | Accrual of discount | | |
| 7. Deduct amounts received on disposals 8. Deduct amortization of premium and depreciation 9. Total foreign exchange change in book/adjusted carrying value 10. Deduct current year's other than temporary impairment recognized 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) 12. Deduct total nonadmitted amounts | 5. | Unrealized valuation increase (decrease) | | |
| 8. Deduct amortization of premium and depreciation 9. Total foreign exchange change in book/adjusted carrying value 10. Deduct current year's other than temporary impairment recognized 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) 12. Deduct total nonadmitted amounts | 6. | Total gain (loss) on disposals | | |
| 9. Total foreign exchange change in book/adjusted carrying value | 7. | Deduct amounts received on disposals | | |
| 10. Deduct current year's other than temporary impairment recognized 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) 12. Deduct total nonadmitted amounts | 8. | Deduct amortization of premium and depreciation | | |
| 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) 12. Deduct total nonadmitted amounts | 9. | Total foreign exchange change in book/adjusted carrying value | | |
| 12. Deduct total nonadmitted amounts | 10. | Deduct current year's other than temporary impairment recognized | | |
| | 11. | Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) | | |
| 13. Statement value at end of current period (Line 11 minus Line 12) | 12. | Deduct total nonadmitted amounts | | |
| | 13. | Statement value at end of current period (Line 11 minus Line 12) | | |

SCHEDULE D - VERIFICATION

Bonds and Stocks

| | Bonds and Stocks | | |
|-----|---|--------------|------------------|
| | | 1 | 2 |
| | | | Prior Year Ended |
| | | Year to Date | December 31 |
| 1. | Book/adjusted carrying value of bonds and stocks, December 31 of prior year | | 300 , 136 |
| 2. | Cost of bonds and stocks acquired | | 341,859 |
| 3. | Accrual of discount | | |
| 4. | Unrealized valuation increase (decrease) | | |
| 5. | Total gain (loss) on disposals | | |
| 6. | Deduct consideration for bonds and stocks disposed of | | |
| 7. | Deduct amortization of premium | 2,934 | 7,906 |
| 8. | Total foreign exchange change in book/adjusted carrying value | | |
| 9. | Deduct current year's other than temporary impairment recognized | | |
| 10. | Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) | 331 , 155 | 334 , 089 |
| 11. | Deduct total nonadmitted amounts | | |
| 12. | Statement value at end of current period (Line 10 minus Line 11) | 331.155 | 334.089 |

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

| Burng | 1 | for all Bonds and Pr | 3 | 4 | 5 | 6 | 7 | 8 |
|-------------------------------------|---------------------------------|---------------------------|---------------------------|---------------------------|-------------------------|--------------------------|-------------------------|---------------------------|
| | Book/Adjusted | _ | v | • | Book/Adjusted | Book/Adjusted | Book/Adjusted | Book/Adjusted |
| | Carrying Value | Acquisitions | Dispositions | Non-Trading Activity | Carrying Value | Carrying Value | Carrying Value | Carrying Value |
| | Beginning of Current Quarter | During Current Quarter | During Current Quarter | During Current Quarter | End of First Quarter | End of Second Quarter | End of Third Quarter | December 31 Prior Year |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| BONDS | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 1. Class 1 (a) | 967,893 | 8,080,512 | 8,454,793 | (2,933) | 590,679 | 0 | 0 | 967,893 |
| 2. Class 2 (a) | 0 | | | | 0 | | | |
| 3. Class 3 (a) | 0 | | | | 0 | | | |
| 4. Class 4 (a) | 0 | | | | 0 | | | |
| 5. Class 5 (a) | 0 | | | | 0 | | | |
| 6. Class 6 (a) | 0 | | | | 0 | | | |
| 7. Total Bonds | 967,893 | 8,080,512 | 8,454,793 | (2,933) | 590,679 | 0 | 0 | 967,893 |
| 7. Total Bolius | 307,030 | 0,000,012 | 0,404,700 | (2,300) | 330,013 | | 0 | 307,030 |
| | | | | | | | | |
| | | | | | | | | |
| PREFERRED STOCK | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 8. Class 1 | 0 | | | | 0 | | | |
| 9. Class 2 | 0 | | | | 0 | | | |
| 10. Class 3 | 0 | | | | 0 | | | |
| 11. Class 4 | 0 | | | | 0 | | | |
| 12. Class 5 | 0 | | | | 0 | | | |
| 13. Class 6 | 0 | | | | 0 | | * | |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | 3 | | Ü | | _ | | 007.000 |
| 15. Total Bonds and Preferred Stock | 967,893 | 8,080,512 | 8,454,793 | (2,933) | 590,679 | 0 | 0 | 967,893 |

| a) Book/Adjusted Carrying Value column for the end of the current | reporting period includes the following amount of no | n-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ | ; NAIC 2 \$ | ; NAIC 3 \$ |
|---|--|---|-------------|-------------|
| -, | represent the remaining annual to the | · · · · · · · · · · · · · · · · · · · | , = + | , |

NAIC 4 \$; NAIC 5 \$......; NAIC 6 \$......

SCHEDULE DA - PART 1

Short-Term Investments

| | Onon-10 | | | | |
|------------------|----------------|-----------|-------------|--------------------|------------------|
| | 1 | 2 | 3 | 4 | 5 |
| | | | | | Paid for |
| | Book/Adjusted | | | Interest Collected | Accrued Interest |
| | Carrying Value | Par Value | Actual Cost | Year-to-Date | Year-to-Date |
| 0.400000 T. J. J | 050 504 | 2004 | 050 504 | 000 | 0 |
| 9199999 Totals | 259.524 | XXX | 259.524 | 223 | 1 0 |

SCHEDULE DA - VERIFICATION

Short-Term Investments

| | Short-Term investments | 1 | 2 |
|-----|---|--------------|---------------------------------|
| | | Year To Date | Prior Year Ended December 31 |
| 1. | Book/adjusted carrying value, December 31 of prior year | 633,804 | 1,764,616 |
| 2. | Cost of short-term investments acquired | 8,080,513 | 31,949,711 |
| 3. | Accrual of discount | | |
| 4. | Unrealized valuation increase (decrease) | | |
| 5. | Total gain (loss) on disposals | | |
| 6. | Deduct consideration received on disposals | 8,454,793 | 33,080,523 |
| 7. | Deduct amortization of premium | | |
| 8. | Total foreign exchange change in book/adjusted carrying value | | |
| 9. | Deduct current year's other than temporary impairment recognized | | |
| 10. | Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) | 259,524 | 633,804 |
| 11. | Deduct total nonadmitted amounts | | |
| 12. | Statement value at end of current period (Line 10 minus Line 11) | 259,524 | 633,804 |

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards NONE

Schedule DB - Part B - Verification - Futures Contracts

NONE

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open NONE

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open $N\ O\ N\ E$

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of Derivatives

NONE

Schedule E - Verification - Cash Equivalents
NONE

Schedule A - Part 2 - Real Estate Acquired and Additions Made NONE

Schedule A - Part 3 - Real Estate Disposed NONE

Schedule B - Part 2 - Mortgage Loans Acquired NONE

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid NONE

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired $\overline{\mathsf{NONE}}$

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid NONE

Schedule D - Part 3 - Long-Term Bonds and Stocks Acquired NONE

Schedule D - Part 4 - Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed Of NONE

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open NONE

Schedule DB - Part B - Section 1 - Futures Contracts Open \overline{N} \overline{O} \overline{N} \overline{E}

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made NONE

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open NONE

Schedule DB - Part D - Section 2 - Collateral for Derivative Instruments Open \overline{N} \overline{O} \overline{N} \overline{E}

Schedule DB - Part D - Section 2 - Collateral for Derivative Instruments Open $\overline{\mathsf{N}}$ $\overline{\mathsf{O}}$ $\overline{\mathsf{N}}$ $\overline{\mathsf{E}}$

Schedule DL - Part 1 - Reinvested Collateral Assets Owned NONE

Schedule DL - Part 2 - Reinvested Collateral Assets Owned NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

| 1 | 2 | 3 | 4 | 5 | Book Balance at End of Each Month | | | 9 |
|---|----------|----------|--|----------------|-----------------------------------|--------------------------|----------------|--------------|
| | | Rate of | Amount of Interest Received During Current | at Current | 6 | uring Current Quart 7 | <u>er</u> 8 | _ |
| Depository | Code | Interest | Quarter | Statement Date | First Month | Second Month | Third Month | * |
| JPMorgan Chase, Inc New York, NY | | | | | 12,662,730 | 11,814,113 | 12,799,597 | XXX |
| 0199998. Deposits in depositories that do not exceed the allowable limit in any one depository (See | | | | | | | | |
| instructions) - Open Depositories | XXX | XXX | | | | | | XXX |
| 0199999. Totals - Open Depositories | XXX | XXX | 0 | 0 | 12,662,730 | 11,814,113 | 12,799,597 | XXX |
| 029998. Deposits in depositories that do not exceed the allowable limit in any one depository (See | | | | | | | | |
| instructions) - Suspended Depositories | XXX | XXX | | | | | | XXX |
| 0299999. Totals - Suspended Depositories | XXX | XXX | 0 | 0 | 0 | 0 | 0 | |
| 0399999. Total Cash on Deposit | XXX | XXX | 0 | 0 | 12,662,730 | 11,814,113 | 12,799,597 | XXX |
| 0499999. Cash in Company's Office | XXX | XXX | XXX | XXX | | | | XXX |
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| | \ | \0.00 t | | | 40,000,700 | 44 044 440 | 10 700 507 | |
| 0599999. Total - Cash | XXX | XXX | 0 | 0 | 12,662,730 | 11,814,113 | 12,799,597 | _ XXX |

Schedule E - Part 2 - Cash Equivalents - Investments Owned End of Current Quarter $N\ O\ N\ E$